

# Durham E-Theses

---

*A sustained and significant contribution to the  
development of forensic psychological knowledge, policy  
and practice in the UK*

Towl, Graham J.

## How to cite:

---

Towl, Graham J. (2006) *A sustained and significant contribution to the development of forensic psychological knowledge, policy and practice in the UK*, Durham theses, Durham University. Available at Durham E-Theses Online: <http://etheses.dur.ac.uk/1365/>

## Use policy

---

The full-text may be used and/or reproduced, and given to third parties in any format or medium, without prior permission or charge, for personal research or study, educational, or not-for-profit purposes provided that:

- a full bibliographic reference is made to the original source
- a [link](#) is made to the metadata record in Durham E-Theses
- the full-text is not changed in any way

The full-text must not be sold in any format or medium without the formal permission of the copyright holders.

Please consult the [full Durham E-Theses policy](#) for further details.

---

Academic Support Office, Durham University, University Office, Old Elvet, Durham DH1 3HP  
e-mail: [e-theses.admin@dur.ac.uk](mailto:e-theses.admin@dur.ac.uk) Tel: +44 0191 334 6107  
<http://etheses.dur.ac.uk>

**A SUSTAINED AND SIGNIFICANT  
CONTRIBUTION TO THE  
DEVELOPMENT OF FORENSIC  
PSYCHOLOGICAL KNOWLEDGE,  
POLICY AND PRACTICE IN THE  
UK**

**GRAHAM JOHN TOWL**

**SUBMISSION FOR THE AWARD OF  
DOCTOR OF SCIENCE (D.Sc.)**

**UNIVERSITY OF DURHAM**

**APRIL 2006**

The copyright of this thesis rests with the author or the university to which it was submitted. No quotation from it, or information derived from it may be published without the prior written consent of the author or university, and any information derived from it should be acknowledged.



**- 2 APR 2008**

# THESIS CONTAINS CD ROM

8



**CONTENTS**

<b>I ACKNOWLEDGEMENTS</b>	<b>3</b>
<b>II SUBMISSION STATEMENT</b>	<b>5</b>
<b>III PUBLICATIONS LIST</b>	<b>19</b>
<b>IV BRIEF CURRICULUM VITAE</b>	<b>27</b>
<b>V LIST OF SELECTED PUBLISHED ARTICLES</b>	<b>32</b>
<b>VI LIST OF SELECTED BOOKS AND BOOK CHAPTERS</b>	<b>34</b>
<b>VII ARTICLES, BOOKS AND BOOK CHAPTERS</b>	<b>A to V</b>

## **I ACKNOWLEDGEMENTS**

I have been very fortunate over the years working for, and with, enthusiastic, knowledgeable and skilled colleagues. My postgraduate studies in criminological psychology began at Birkbeck College. I was particularly influenced by the work of Professor David Farrington (University of Cambridge) with his emphasis on rigour in research design. Subsequently during my career we had occasions to work together on the evaluation of interventions, again I enjoyed the opportunity to look afresh at both theoretical and organisational aspects of evaluation research. I have also been indebted to some outside the immediate field of forensic psychology. For example, Professor Hershel Prins (University of Loughborough) has contributed to my education as a forensic psychologist particularly with his insights into risk assessment and management. I have enjoyed working alongside him on the editorial board of the British Journal of Forensic Practice and have invariably found his contributions thoughtful and reflective. More recently I have developed my thinking on risk assessment work further with the assistance of Professor John Geddes (University of Oxford) and other colleagues across disciplines and agencies. Professor David Crighton (London Metropolitan University) has been both a former student and colleague who has provided significant challenge in discussion and writing to some of my ideas in the areas of suicide and in the measurement of the effectiveness of interventions. Another former student, and now Head of Psychological Services in prisons in England and Wales, Jo Bailey, has been generous with her time, and helpful in discussions about some of the potential applications of research into policy and practice. Blackwell Publishing working in partnership with The British Psychological Society have been enormously supportive and patient in both the launch of the first UK 'Forensic Psychological

Practice' book series but also more generally in disseminating the research and practice of psychologists working with offenders.

**Professor Graham J. Towl**

**Home Office/University of Birmingham**

## **II D.Sc. SUBMISSION STATEMENT**

### **A Sustained and Significant Contribution to the Development of Forensic Psychological Knowledge, Policy and Practice in the UK**

In this short paper I begin by describing my contributions to psychological science in the forensic field. For completeness, I comment upon each of the joint publications listed in the attached publications. Broadly, where there are publications with my name and that of one other author I have undertaken about a 50:50 split of the work. Where more authors have been involved I have retrospectively described the extent of my contributions. I have tried to keep the detail to a minimum, although I remain happy to elaborate should any assessment panel wish that I do so. Attached to this paper are hard copies of the papers and books referred to within this paper. I have not included a complete set of all the publications, those included have been selected for illustrative purposes, in that they reflect the thematic contributions that I outline below.

The contributions to psychological science are in the forensic field. They have two key aspects. First, there is a sustained and significant contribution to the knowledge base. Second, I have ensured, both as a professional psychologist and Senior Civil Servant, that psychological models are embedded in some key areas of policy and practice,

especially so in prisons.

## **1. Contributions to the knowledge base**

There are three chief areas of my contributions here; groupwork based psychological interventions designed to reduce re-offending, improving our understanding of prisoner suicides and having a pivotal role in the emergent development of forensic psychology as an applied psychology specialism in the UK. I have also made contributions in the more general area of forensic practice concerned with risk assessment work with offenders.

### **Groupwork**

Early on in my career working in prisons I began submitting a number of papers for publication which began to trace out some key areas of professional activity in working with offenders using the medium of groupwork (see for example, 6.14 and 7.24). It became clear to me from my work and growing understanding of the field that two things were missing from the use of such psychologically based interventions with prisoners.

First there was a lack of sound evaluation work (as evidenced from 7.12, 7.13, 7.15 and 7.17) and second, full advantage had by no means been taken of the potential of particularly structured cognitive-behaviourally based groupwork interventions when attempting to reduce the risk of prisoners re-offending (see, for example 3.1). My



involvement in evaluation work tended to be linked to expediting the process of ensuring that full evaluative arrangements were in place for some key interventions (for example, see 8.1). I was able to undertake some empirical evaluation work too (see for example, 6.13).

In terms of the potential for cognitive behavioural interventions to be effective in reducing the risk of prisoners offending, this was one of the main areas covered in my jointly authored (with Professor David Crighton) book entitled 'The Handbook of Psychology for Forensic Practitioners' published by Routledge (3.1). In this book we correctly anticipated the growth of the use of the term 'forensic' to describe the activities of psychologists working in prisons. The term 'forensic' is now a routine epithet for such psychological staff. This was by no means the case a decade ago. Similarly it is now widely accepted that cognitive-behavioural approaches offer significant promise in terms of the efficacy of the approach, as part of an integrated programme to reduce re-offending. These developments have been captured in some of my publications (see 4.1, 4.2, 4.3, and 5.3).

In sum, since the early 1990s I have been engaged in the development of the knowledge base in the key area of cognitive-behaviourally based groupwork. I would summarize my contribution as threefold.

First, in contributing to improvements in evaluation practices. Second, in emphasizing the importance of clearly structured interventions which are, in principle, replicable. Third, I have emphasized the importance of keeping the claims and hopes about the potential of

such interventions firmly evidence based.

## **Suicide**

I have conducted the largest UK record based study of suicide in prisons reviewing 377 cases providing an analysis of suicides across the prison estate. This included an analysis of the suicide investigation reports. This was in contrast to previous studies which had tended to have smaller sample sizes or were focused upon particular groups within the prisoner population such as young people. I have published extensively in this area including taking the lead editorial role in a core textbook entitled 'Suicide in Prisons' (see 4.4, 7.5, 6.8 and 6.10, 8.3).

I understand that I am acknowledged as a leading authority in this area of scientific endeavour. This was evidenced by a peer survey reported in the Independent on Sunday (6-6-03) which identified me as one of the top ten forensic psychologists in the UK. I have also provided significant expert advisory services to the Home Office's Safer Custody Group (with a policy remit for prisoner suicides).

Some of the key findings from my research were either different from previous research or not previously researched with UK prisoners. For example, calling into question the popular view in much of the research community, that remand prisoners have an inflated risk of suicide when compared with sentenced prisoners. The research I undertook indicated that this could in large part be accounted for by

the methodological limitations of a number of previous studies. Also young people are not overrepresented in the suicide figures in prisons. Studies which have claimed to demonstrate this have tended to be based upon small sample sizes. Black prisoners are at a lower risk of suicide than white prisoners. Ethnicity is something which has not tended to be looked at in relation to suicide in prisons where concerns have tended to reflect the (young) age of those completing suicide or more recently the gender of those completing suicide has emerged as an issue which has engaged researchers.

At the time these findings were seen as both counterintuitive and also at odds with much of the research that had preceded the study. However, the evidence has, if anything subsequently been increasingly compelling in support of these empirical findings.

### **Contributions to the emergence and development of forensic psychology in the UK**

My significant and sustained contributions to the emergence and development of forensic psychology in the UK were acknowledged by the British Psychological Society in 2003 when I received the award for distinguished contributions to professional psychology. I was the first chair of the newly named Division of Forensic Psychology (1999) having initiated and overseen the election which had resulted in the change of the name of the Division from its previous name as the



Division of Criminological and Legal Psychology. I chaired the working group which published the first set of ethical guidelines for forensic psychologists in the UK. I enhanced the publication output of the Division initiating a range of publications, for example as founding co-editor of the in-house publication Forensic Update. I drove a significant increase in the numbers of the membership of the Division and also organised a number of successful national conferences which served to promote the growing contributions of the Division. Additionally I set up the British Psychological Society's Board of Examiners for Forensic Psychology and was the first chair of the Board. I was a keynote speaker at the Division of Forensic Psychology national conference in 2000 speaking on the future of forensic psychology. I have subsequently spoken at a wide range of conferences and events about developments in forensic psychology. I continue to play an influential role in the development of forensic psychology in the UK (see 1.1, 1.2 and 2.1).

### **Risk Assessment**

Although most of my work in terms of a contribution to science can be captured by the two areas cited above I have also had involvement, interest and I think some influence beyond forensic psychological science too. One perhaps pervasive area in the forensic field that I have contributed to is that of risk assessment. Perhaps the main contribution that I have made is to broaden the discussion and debate within an exclusively forensic field to look at concepts and

applications of models of risk assessment more widely and psychologically. For example, looking afresh at conceptualisations of the risk assessment and management process (see for example, 6, 1 and 6.11). I have influenced the scientific development of risk assessment in both the areas of prisoner suicide and work to reduce the risk of re-offending as cited above (6.12).

## **2. Embedding Psychological Interventions in Prisons**

I have sought, most recently in my role as Chief Psychologist at the Home Office, but also throughout my time working as the Head of Psychology for HM Prison Service and the National Probation Service, to embed a scientific approach to the work.

One very powerful way of supporting this endeavour has been the unprecedented levels of recruitment of psychological staff (6.6). This is important because such staff have the benefit of a scientific understanding both in terms of concepts and methods. I would by no means wish to claim sole credit for this, rather the time was right and I ensured that the opportunity was seized and not squandered. In terms of a contribution to science, the setting up of such infrastructure has been crucial for the further development of scientific research work in prisons. One concrete example of an impact of this has been with the policy development of regionally based psychologists having pivotal roles in the vetting of research undertaken in prisons and also being positioned, and strongly encouraged, to make research links with

universities (6.3).

Evidence based, and informed, approaches of working with prisoners have shown unprecedented growth in recent years, nowhere is this more so than with psychologically based interventions (often cognitive-behavioural in approach). I have significantly contributed to these developments by both my earlier research and contributions to academic and policy debates over the efficacy of such approaches over the years. As outlined above I have also played a key role in the scientific and professional development of forensic psychology in the UK. This is a golden period for the influence of psychological science in prisons; I am pleased to have been in a position to have been able to contribute to, and shape, these unprecedented developments.

The third area evidenced in this short paper includes an account of my contributions to those papers listed in my publications list as jointly authored.

### **3. Joint publications (numbered as indicated on the attached publications list)**

1.1 I am the lead co-author of this book which builds upon my previous work in drawing upon a broad range of areas of psychological theory and practice in informing psychological interventions with prisoners. The approach taken focuses on the work of applied psychologists (from whatever specialist background) in

working with prisoners. Also the potential of a range of psychological therapies are explored and examined. This book places the context of psychological work in prisons at its roots as an application of psychological theory to practice in prisons. I took the lead role in drafting the book proposal and drawing up the structure of the book.

1.2 I was contacted by the lead author (Professor David Farrington, University of Cambridge) to contribute as one of four editors of this text. I will be taking the lead alongside my colleague (Professor David Crighton, London Metropolitan University) in taking forward two of the four categories that the dictionary will be structured to cover.

3.1 I was approached by the publishers to write a book on the emergent area of forensic psychology particularly in relation to a focus upon practice. This I did with my co-author. I took the lead in devising the structure of the book and we divided the lead authorship of the chapters between us linked to our respective expertise.

4.1 I negotiated the initial book proposal and contract for this volume. I also drew together a range of contributors for the book. My co-editor took the lead in editing individual chapters and the proof reading of the text.

4.2 I took the lead in negotiations with the publisher both at the initial proposal stage and also in finalising the text, my colleague did more work in terms of securing the authors for individual chapters and



ensuring the standard of such chapters.

4.4 Although the book was very much a joint enterprise, I drew together the original proposal and did most of the editing of individual chapters.

5.1 We both drew together the structure of the chapter and I did the first draft which my co-author subsequently markedly improved.

5.4 We both agreed the structure of the chapter, my colleague did a first draft and I worked on it making a number of improvements.

5.5 I outlined the structure of the chapter, and then we divided up the sections of the chapter and drafted them to the agreed structure. I subsequently edited the chapter to ensure continuity.

5.6 We both agreed the main themes to be covered. My colleague did an initial and detailed draft and I sought to improve it with detailed editing.

5.7 With the benefit of hindsight my colleague was probably generous in including me as a joint author with this chapter. My role was mainly of an, albeit detailed, editorial nature which arguably could simply be acknowledged through my role as the principal editor of the book.

6.10 Overall, we both probably had about an equal role in the research

work which we drew from in this paper which described some of our main findings on suicide in prisons.

6.13 I was the lead researcher in this early empirical study of a cognitive behaviourally based anger management structured groupwork intervention in a prison. I drafted the earlier parts of the paper and I recall that my colleague took a lead in analysing the data.

7.4 I secured agreement with the British Psychological Society for the publication to go ahead and identified most of the contributing authors. We both edited the individual papers and agreed the final manuscript.

7.5 This paper touched upon, amongst other things, possible links with drug misuse and suicide. My co-author had greater expertise than me in this area and took the lead role particularly in this aspect of the paper. We both contributed to various iterations of the paper before it was finally published.

7.8 I suggested that the area of suicide amongst women and girls in prison was under researched and would benefit, at least from an exploratory study. I and my co-author agreed a method of data collection. My co-author then collected the data for the research covered in this paper and I drafted the paper based upon this data. We both contributed to some final editorial changes to the paper.

7.9 This paper on clinical risk assessment was jointly worked upon with both of us heavily involved in piecing together the paper for publication. Our respective contributions were probably about 50:50 of all aspects of the process.

7.10 We were both keen to publish something on the rarely reported area of anger management work with women prisoners. We both contributed to every aspect of the process of drawing together this publication; however my co-author ultimately did more than me on it.

7.15 I designed the initial research and we both collected the data, I took the lead in writing up the paper and my co-author also contributed to this process.

7.16 This, at the time contentious, critique of psychological risk assessment practices with life sentenced prisoners was undertaken jointly throughout with about an even level of contribution for each of the two of us.

7.20 This short paper was unusual in that it was one of very few pieces of work at the time (1994) which included touching upon the possibility of institutionalised racism in prison officer recruitment practices.

7.23 We both worked broadly equally on this paper describing some findings from our research into groupwork in prisons.

8.1 My role on this extensive evaluation research involved assisting with the design of some of the measurements used for assessing change and also contributing to ensuring the effective implementation of the research process. I brokered relationships between the Ministry of Defence and HM Prison Service in relation to the evaluation process. I worked alongside the other authors of this paper in ensuring that the research happened. I only played a relatively minor role in contributing to the writing up aspect of this publication.

8.3 I took the lead in initiating the drawing together of this publication which came out of a conference which I had initiated and managed between the Department of Health and HM Prison Service. I selected the contributors; my co-editors assisted with the editing of individual papers and represented their respective departments.

8.4 This was a write up of a piece of national research we undertook into psychological work with life sentenced prisoners, the results were presented at a conference. We both contributed fairly evenly to the research and write up.

8.5 This was a write up of some early work into anger management groupwork in prisons, the publication is very practice based, and we contributed evenly to all aspects of the paper including the facilitation of the groups.



8.6 This was a write up of some early groupwork with prisoners aimed at addressing their offending behaviour. We contributed evenly to all aspects of the work and subsequent paper.

#### **4. Conclusions**

In sum, the evidence in support of this submission is based upon my publications and their significant impact within, not just the forensic psychological field, but more widely within criminal justice services. The breadth of some of this influence is perhaps reflected in my journal editorships which range beyond the forensic psychological field. For example, with my editorship of Evidence Based Mental Health. Further evidence of the significant nature of my contribution is attested to in being presented with the British Psychological Society award for ‘Distinguished Contributions to Professional Psychology’ and in a peer assessment reported in a national newspaper which ranked me at the head of the list of the most influential forensic psychologists in the UK.

I remain happy to provide any further details which may be of assistance.

Professor Graham Towl, BA, MSc, MBA.

Chief Psychologist

Health and Offender Partnerships

Home Office.

### **III Publication List**

#### **1) In Preparation**

1.1 Towl, G.J. and Crighton, D.A. *Psychology in Prisons* (Second Edition). Oxford: Blackwell.

1.2 Farrington, D.F., Towl, G.J., Hughes, G. and Crighton, D.A. *A Dictionary of Forensic Psychology*. Cullompton: Willan Publishers.

#### **2) In Press**

2.1 Towl, G.J. (Ed) (In Press) *Psychological Research in Prisons*. Oxford: Blackwell.

2.2 Towl, G.J. (In Press) *Psychological Research on Substance Misuse Interventions*. In G.J. Towl (Ed) *Psychological Research in Prisons*. Oxford: Blackwell.

#### **3) Authored Books**

3.1 Towl, G. J. & Crighton, D. A. (1996) *The Handbook of Psychology for Forensic Practitioners*. London: Routledge.

#### **4) Edited Books**

4.1 Crighton, D.A. and Towl, G.J. (Eds.) (2005) *Psychology in Probation Services*. Oxford: Blackwell.

4.2 Needs, A.P.C. & Towl, G.J. (Eds.) (2004) *Applying Psychology to Forensic Practice*. Oxford: Blackwell.

4.3 Towl, G. J. (2003) (Ed) *Psychology in Prisons*. Oxford: Blackwell.

4.4 Towl, G. J., Snow, L. and McHugh, M. J. (2000) (Eds.) *Suicide in Prisons*. Leicester: BPS Books.

## **5) Book Chapters**

5.1 Towl, G.J. and Crighton, D.A. (2005) Applied Psychological Services in the National Probation Service for England and Wales. In D.A. Crighton and G.J. Towl (Eds.) *Psychology in Probation Services*. Oxford: Blackwell.

5.2 Towl, G.J (2004) Applied Psychological Services in HM Prison Service and the National Probation Service. In A.P.C. Needs & G.J. Towl (Eds.) (2004) *Applying Psychology to Forensic Practice*. Oxford: Blackwell.

5.3 Towl, G.J. (2004) Applied Psychological Services in Prisons and Probation. In J.R. Adler (Ed) (2004) *Forensic Psychology: Concepts, debates and practice*. Cullompton: Willan Publishers.

5.4 Crighton, D.A. and Towl, G.J. (2000) Intentional self-injury. In G.J. Towl, L. Snow and M.J. McHugh (Eds.) *Suicide in Prisons*. Oxford: Blackwell.

5.5 Towl, G. J. & Hudson, D. I. (1997) Risk assessment and management. In G.J. Towl (Ed) *Suicide in prisons: research directions in the 1990s*. Leicester: British Psychological Society.

5.6 Crighton, D. A. & Towl, G. J. (1997) Self-inflicted deaths in prisons in England and Wales: analyses of 1988-90 and 1994-5. In G.J. Towl (Ed). *Suicide in prisons: research directions in the 1990s*. Leicester: British Psychological Society

5.7 McHugh, M. J. & Towl, G. J. (1997) Organisational responses to

suicide and self-injury. In G.J. Towl (Ed). *Suicide in prisons: research directions in the 1990s*. Leicester: British Psychological Society

5.8 Towl, G. J. (1994) Anger Control Groupwork in Prisons. In E. Stanko (Ed) *Perspectives on Violence*. London: Howard League Handbooks/ Quartet Books.

5.9 Towl, G. J. (1993) 'Culture' Groups in Prison. In A. Brown and B. Caddick (Eds.) *Groupwork with Offenders*. London: Whiting & Birch.

## **6) Refereed Journal Papers**

6.1 Towl, G.J. (2005) Risk Assessment. *Evidence Based Mental Health*, 8(4), 91-93.

6.2 Towl, G.J. (2005) Psychological Services and Offender Management. *British Journal of Forensic Practice*, 7(2), 29-34.

6.3 Towl, G.J. (2004) Leadership of applied psychological services in prisons and probation. *British Journal of Forensic Practice*, 6(3), 25-29.

6.4 Towl, G.J. (2003) Suicide in prisons. *British Journal of Forensic Practice*, 5(3), 28-32.

6.5 Towl, G.J. (2002) Working with Offenders: The Ins and Outs. *The Psychologist*, 15(5), 236-39.

6.6 Towl, G.J. (2002) Psychological Services in HM Prison Service and the National Probation Service; working towards an effective partnership. *British Journal of Forensic Practice*, 4(3), 3-10.

6.7 Towl, G.J. (2000) Reflections upon suicide in Prisons. *British Journal of Forensic Practice*, 2(1), 17-22.

6.8 Towl, G.J. (1999) Self-inflicted deaths in prisons in England and Wales from 1988 to 1996. *British Journal of Forensic Practice*, 1(2), 28-33.

6.9 Towl, G. J. (1999) What do forensic psychologists in prisons do? *British Journal of Forensic Practice*, 1(3), 9-11.

6.10 Towl, G. J. & Crighton, D. A. (1998) Suicides in prison, an analysis of the data 1988-1995. *Criminal Behaviour and Mental Health*, 8, 184-92.

6.11 Towl, G. J. & Crighton, D. A. (1997) Risk Assessment with Offenders. *International Review of Psychiatry*, 9, 187-93.

6.12 Towl, G. J. (1996) Homicide and Suicide: assessing risk in prisons. *The Psychologist*, 9, 398-400.

6.13 Towl, G. J. & Dexter, P. (1994) Anger Management Groupwork in Prisons: An Empirical Evaluation. *Groupwork*, 7(3), 256-269.

6.14 Towl, G.J. (1990) 'Culture' Groups in Prison, *Groupwork*, 3(3), 260-268.

## **7) Professional publications and selected articles**

7.1 Towl, G.J. (2005) National Offender Management Services: Implications for applied psychologists in probation and prison. *Forensic Update*, 81, 22-26.

7.2 Towl, G.J. (2003) A Joint Strategic Framework. *Forensic Update*,



75, 37-38.

7.3 Towl, G.J. (2000) Forensic Psychology in prisons and probation: working towards an effective partnership. *Prison Service Journal*, 131, 32-33.

7.4 Towl, G. J. & McDougall, C. (1999) (Eds.) *What do Forensic Psychologists Do? Current and Future Developments in the Prison and Probation Services*. Leicester: British Psychological Society.

7.5 Crighton, D. A. & Towl, G. J. (1998) Suicides in prison in England and Wales. *Prison Service Journal*, 116, 44-47.

7.6 Towl, G. J. (1997) Emotional Rescue. *Science and Public Affairs*, Spring, 61-63.

7.7 Towl, G. J. (1997) (Ed). *Suicide and Self-injury in prisons: research directions in the 1990s*. Leicester: British Psychological Society

7.8 Towl, G. J. & Fleming, C. (1997) Self-inflicted deaths of women prisoners. *Forensic Update*, 51, 5-8.

7.9 Needs, A. P. C. & Towl, G. J. (1997) Reflections on clinical risk assessment in prisons. *Prison Service Journal*, 113, 14-17.

7.10 Horn, R. & Towl, G. J. (1997) Anger management for women prisoners. *Procedures in Criminal Justice: contemporary psychological issues*. Leicester: British Psychological Society.

7.11 Towl, G. J. (1995) Ethics: a framework for forensic psychologists. *Forensic Update*, 42, 36-39.

7.12 Towl, G. J. (1995) (Ed). *Groupwork in Prisons*. Leicester: British

Psychological Society.

7.13 Towl, G. J. (1995) Anger Management Groupwork. In G.J. Towl (Ed) *Groupwork in Prisons*. Leicester: British Psychological Society.

7.14 Towl, G. J. (1995) Groupwork in Prisons: A National Survey. *Prison Service Journal*, 97, 5-9.

7.15 Towl, G. J. & Bailey, J. E. (1995) Groupwork in Prisons: an overview. In G.J. Towl (Ed) *Groupwork in Prisons*. Leicester: British Psychological Society.

7.16 Towl, G. J. & Crighton, D. A. (1995) Risk Assessment in Prisons: A Psychological Critique. *Forensic Update*, 40, 6-14.

7.17 Crighton, D. A. & Towl, G. J. (1995) Evaluation Issues in Groupwork. In G.J. Towl (Ed) *Groupwork in Prisons*. Leicester: British Psychological Society.

7.18 Dexter, P. & Towl, G.J. (1995) An investigation into suicidal behaviour in prison. In N.K. Clark & G.M. Stephenson, (Eds.) *Criminal Behaviour: Perceptions, Attributions and Rationalities*. Leicester: British Psychological Society.

7.19 Towl, G.J. (1994) Ethical Issues in Forensic Psychology. *Forensic Update*, 39, 23-26.

7.20 Crighton, D. A. & Towl, G. J. (1994) The Selection and Recruitment of Prison Officers. *Forensic Update*, 39, 4-7.

7.21 Towl, G. J. (1993) The Great Escape from Whitehall. *Personnel Management*, May, 24-27.

7.22 Towl, G.J. (1993) Anger Control Groupwork in Practice. In N.K.

Clarke and G.M. Stephenson (Eds.) *Children, Evidence and Procedure: Issues in Criminological and Legal Psychology*. Leicester: British Psychological Society.

7.23 Towl, G. J. & Bailey, J. E. (1993) Provisional Findings from a Survey of Groupwork in Prisons in England and Wales. *Division of Criminological and Legal Psychology Newsletter*, 35, 13-15.

7.24 Towl, G.J. & Fisher, J. (1992) Education in prisons: Ideology and Change. *The Criminologist*, 16(3), 19-26.

7.25 Towl, G.J. (1991) Scrutinising the Power Complex. *Nursing Standard*, 5(50), 45-46.

7.26 Towl, G. J. (1990) Understanding the Voices. *Nursing Times*, 86(2), 30-31.

## **8) Government Publications**

8.1 Farrington, D.P., Hancock, G., Livingstone, M., Painter, K.A. and Towl, G.J. (2000) *Evaluation of Intensive regimes for Young Offenders*. London: Home Office.

8.2 Towl, G. J. (1999) Self-Inflicted Deaths in Prisons in England and Wales from 1988 to 1996. In G.J. Towl, et al. *Suicide in Prisons: Research, Policy and Practice*. London: Department of Health and Home Office.

8.3 Towl, G. J., Jones, D. and McHugh, M. J. (Eds.) (1999) *Suicide in Prisons: Research, Policy and Practice*. London: Department of Health and Home Office.

8.4 Morrissey, C. & Towl, G.J. (1991) Psychological Assessment and



Treatment of Lifers: Recommendations for Future Developments.  
*Proceedings of the Prison Service Psychology Conference*. London:  
HM Prison Service.

8.5 Towl, G.J & Jennings, M. (1990) An Anger Control Course at  
HMP Highpoint. *Home Office Occasional Papers, Series II, No. 177*.  
London: HM Prison Service.

8.6 Fisher, J & Towl, G.J. (1989) The Offending Behaviour Course at  
HMP Highpoint, *Home Office Occasional Papers, Series II, No. 174*.  
London: HM Prison Service.

## **9) Editorships**

9.1 Towl, G.J. and Needs, A. Series editors of *The British  
Psychological Society, Forensic Practice Book Series* (1999 – 2006).  
Oxford: Blackwell.

9.2 Towl, G.J and Crighton, D. Co-founding editors of *The British  
Journal of Forensic Practice* (1998 – 2005). Brighton: Pavilion  
Publishing.

9.3 Towl, G.J. An Editor of *Evidence Based Mental Health* (2004 –  
present). London: BMJ Journals.

9.4 Towl, G. J. Founding editor of *The British Journal of Leadership  
in Public Services* (2005 – Present). Brighton: Pavilion Publishing.

## **IV BRIEF CURRICULUM VITAE**

### **Professor Graham J Towl**

**NAME:** Professor Graham J. Towl

**OFFICE ADDRESS:** Home Office, 2 Marsham Street,  
London, SW1P 4DF

**TELEPHONE:** Office: 020 7035 4335  
Home: 01892 547177

**E – MAIL:** Graham.Towl@homeoffice.gsi.gov.uk

**NATIONALITY:** British

#### **PROFESSIONAL PSYCHOLOGY EXPERIENCE & ACHIEVEMENTS**

1. Visiting Chairs at the Universities of Birmingham (from 2000 onwards) and Portsmouth (from 2001 onwards).
2. Recipient of the British Psychological Society award for “Distinguished Contribution to Professional Psychology” in 2003.
3. Extensive experience in conference organisation and attendance including participation as a keynote speaker.
4. Listed as the top U.K. forensic psychologist in a survey of psychologists in the Independent on Sunday (6.6.03).
5. Editor (one of four) of Evidence Based Mental Health, British Medical Journals, since 2004.

6. Founding Editor of the British Journal of Forensic Practice (1998) and the British Journal of Leadership in Public Services (2005).
7. Widely published in the forensic field including the editing of four books between 2000 and 2005.
8. Founding chair of the British Psychological Society Board of Examiners in Forensic Psychology (2000).
9. Chair of the British Psychological Society Division of Criminological and Legal Psychology (D.C.L.P.) (1998 – 2000).
10. Chartered Forensic Psychologist and Associate Fellow of the British Psychological Society.
11. I have supervised numerous postgraduate students, including chiefly M.Sc. students but also a number of Ph.D. students who have successfully submitted their theses.
12. I was a member of the M.Sc. Applied Criminological Psychology, Board of Examiners at Birkbeck College, University of London from 1992-1994.
13. External examiner for the M.Phil. Criminology course at the University of Cambridge, 2005- Present.
14. I chair the Prison Service Research Ethics Committee.
15. I chaired the working group which produced the first British Psychological Society, ethical guidelines for forensic psychologists.

## EDUCATION

1988 B.A. (Hon) Psychology, University of Durham.

1990 M.Sc. Applied Criminological Psychology, University of London.

2000 M.B.A., University of Birmingham

## CAREER AND ACHIEVEMENTS

**Chief Psychologist, Health and Offender Partnerships, Home Office 2005-Present**

This Senior Civil Service role involves providing expert psychological advice. Also the remit includes providing advice to commissioners on psychological contributions to offender management, policy and practice. Professional advice and policy development in relation to the evidence base, availability and accessibility of psychological interventions is fundamental to the role which is cross departmental in its focus.

**Head of Psychology, Prisons and Probation Services, Home Office  
2000 – 2005**

This Senior Civil Service Post involved the provision of professional leadership in psychology to over 1,000 psychological staff, with responsibilities for policy formulation and standards of practice.

Achievements include:

1. Setting up a national network of area psychologists in prisons across England and Wales.
2. Promoting and promulgating the use of scientific psychological models in working with offenders, staff and at an organisational level, drawing upon an evidence based approach to policy and practice.
3. Improving recruitment and retention policies and practices. For example, in 2000/2001 the staff turnover figures for psychology trainees was 25% p.a. and for qualified psychologists 20%. By 2002/2003 these figures, due to the implementation of a strategic approach to retention, had markedly improved to 6% and 8% respectively.
4. Improving black and ethnic minority representation in the workforce moving from under 5% to over 7.5%.
5. The development and delivery of professional practice standards and, for the first time at the Home Office, the implementation of a strategic framework document for psychological science in prisons and probation.
6. Driving growth in the recruitment of psychological staff with the highest levels of recruitment to date in prisons.

#### **Area Psychologist, HM Prison Service, Kent. 1998 – 2000**

Setting up a county wide psychological service including the recruitment of psychological staff and the wider promulgation of psychological therapies. During this time I built upon some of my earlier writing on psychological approaches to risk assessment and prisoner suicide.



**Principal Psychologist, HM Prison Service, East Anglia. 1995 – 1998**

Reshaping services to meet emerging needs. For example, by organising a range of new roles and ways of working for psychological staff and non-psychological staff delivering psychological therapies. Also I co-wrote a book capturing some of the future directions in psychological work with prisoners during this, and the subsequent, period.

**Head of Psychology Department, HMP Highpoint, Suffolk. 1991 – 1995**

Implemented effective partnership working with education, probation and health staff. This period included the introduction of a more structured and scientific approach to the development and delivery of groupwork based interventions with prisoners.

**Psychologist, HMP Highpoint, Suffolk. 1988 – 1991**

Delivered psychological services within prisons as part of a multi-disciplinary and multi-agency team. During this time I undertook national research into prisoner suicides.

**Psychiatric Nurse, Long Grove Hospital, Epsom, Surrey. 1982 – 1985**

Trained and practiced as a mental health practitioner including both patient care and staff management.

## **V LIST OF SELECTED PUBLISHED ARTICLES (as numbered in III)**

- 6.1 Towl, G.J. (2005) Risk Assessment. *Evidence Based Mental Health*, 8(4), 91-93.
- 6.3 Towl, G.J. (2004) Leadership of applied psychological services in prisons and probation. *British Journal of Forensic Practice*, 6(3,) 25-29.
- 6.6 Towl, G.J. (2002) Psychological Services in HM Prison Service and the National Probation Service; working towards an effective partnership. *British Journal of Forensic Practice*, 4(3), 3-10.
- 6.8 Towl, G.J. (1999) Self-inflicted deaths in prisons in England and Wales from 1988 to 1996. *British Journal of Forensic Practice*, 1(2), 28-33.
- 6.10 Towl, G. J. & Crighton, D. A. (1998) Suicides in prison, an analysis of the data 1988-1995. *Criminal Behaviour and Mental Health*, 8, 184-92.
- 6.11 Towl, G. J. & Crighton, D. A. (1997) Risk Assessment with Offenders. *International Review of Psychiatry*, 9, 187-93.
- 6.12 Towl, G. J. (1996) Homicide and Suicide: assessing risk in

prisons. *The Psychologist*, 9, 398-400.

- 6.13 Towl, G. J. & Dexter, P. (1994) Anger Management Groupwork in Prisons: An Empirical Evaluation. *Groupwork*, 7(3), 256-269.
- 6.14 Towl, G. J. (1990) 'Culture' Groups in Prison, *Groupwork*, 3(3), 260-268.
- 7.5 Crighton, D. A. & Towl, G. J. (1998) Suicides in prison in England and Wales. *Prison Service Journal*, 116, 44-47.
- 7.7 Towl, G. J. (1997) (Ed) *Suicide and Self-injury in prisons: research directions in the 1990s*. Leicester: British Psychological Society.
- 7.12 Towl, G. J. (1995) (Ed) *Groupwork in Prisons*. Leicester: British Psychological Society.
- 7.24 Towl, G. J. & Fisher, J. (1992) Education in prisons: Ideology and Change. *The Criminologist*, 16 (3), 19-26.
- 8.1 Farrington, D.P., Hancock, G., Livingstone, M., Painter, K.A. and Towl, G. J. (2000) *Evaluation of Intensive regimes for Young Offenders*. London: Home Office.



- 8.3 Towl, G. J., Jones, D. and McHugh, M. J. (Eds.) (1999) *Suicide in Prisons: Research, Policy and Practice*. London: Department of Health and Home Office. London.

## VI LIST OF SELECTED BOOKS AND BOOK CHAPTERS

- 2.1 Towl, G.J. (Ed) (In Press) *Psychological Research in Prisons*. Oxford: Blackwell.
- 3.1 Towl, G. J. & Crighton, D. A. (1996) *The Handbook of Psychology for Forensic Practitioners*. London: Routledge.
- 4.1 Crighton, D.A. and Towl, G.J. (Eds.) (2005) *Psychology in Probation Services*. Oxford: Blackwell.
- 4.2 Needs, A.P.C. & Towl, G.J. (Eds.) (2004) *Applying Psychology to Forensic Practice*. Oxford: Blackwell.
- 4.3 Towl, G. J. (2003) (Ed) *Psychology in Prisons*. Oxford: Blackwell.
- 4.4 Towl, G. J., Snow, L. and McHugh, M. J. (2000) (Eds.) *Suicide in Prisons*. Leicester: BPS Books.
- 5.3 Towl, G.J. (2004) Applied Psychological Services in Prisons and Probation. In J.R. Adler, (Ed) (2004) *Forensic Psychology: Concepts, debates and practice*. Cullompton: Willan Publishers.

6.1 Towl, G.J. (2005) Risk Assessment. *Evidence Based Mental Health*,  
8(4), 91-93.



## Risk assessment

G Towl

*Evid. Based Ment. Health* 2005;8;91-93

---

Updated information and services can be found at:  
<http://ebmh.bmjjournals.com/cgi/content/full/8/4/91>

---

*These include:*

### Rapid responses

You can respond to this article at:  
<http://ebmh.bmjjournals.com/cgi/eletter-submit/8/4/91>

### Email alerting service

Receive free email alerts when new articles cite this article - sign up in the box at the top right corner of the article

---

### Topic collections

Articles on similar topics can be found in the following collections

Other Psychiatry (815 articles)  
Notebook (38 articles)  
Prison Medicine (54 articles)

---

### Notes

---

To order reprints of this article go to:  
<http://www.bmjjournals.com/cgi/reprintform>

To subscribe to *Evidence-Based Mental Health* go to:  
<http://www.bmjjournals.com/subscriptions/>

# EBMH notebook.....

## Risk assessment

**A**n understanding of the concept of risk assessment is by no means exclusive to the forensic mental health field.<sup>1</sup> However, decisions made as a product of such risk assessments in the context of mental health have fundamental ethical implications for the public, policy makers, and practitioners. There is a danger of losing sufficient sight of such issues with a literature which appears more characterised by the discussion and construction of the latest "structured risk assessment tools". The field is replete with the presentation and promotion of such "tools" to potentially receptive policy makers and practitioners. The underlying assumption, and perhaps appeal, of such approaches to risk assessment is that if only we sharpen our tools further we will be able to accurately predict and prevent harm. In an environment of media and public concern about risk assessment and practices in the forensic mental health field, such Faustian seeds may seem to be sown with impunity.

### LIMITATIONS TO RISK ASSESSMENTS

As a starting point to this editorial it is worth reflecting on the fundamental question of what we mean by risk assessment. The term risk is used in a variety of sometimes conflicting ways in forensic practice. It is used as a synonym for the concept of "dangerousness". It is referred to as both a cause and effect. Historically notions of risk have also been conflated with the potentially overlapping area of "prediction". A major concern here is when statements of probability are mistaken for predictions about the actual behaviour of an individual. Logically such a "prediction" suggests a specific level of probability of a behaviour occurring, rather than of the behaviour itself as a predicted outcome. It follows that the test of such "predictions" lies in group outcomes, for a significant number of cases. So, for example, a clinician may make an assessment that the probability of a particular offender reoffending is a one in four chance over a two year period. On the basis of such a report the offender is set free and reoffends, say after three months. This is evidently not *per se* evidence of the inaccuracy or accuracy of the assessment. It may though be perceived as simply getting it wrong in the eyes of the general public, the media, and politicians.

Greater semantic clarity is fundamental to effective risk assessment. Where the term "risk" is being used as a statement of probability it is vitally important that the "risk" or "risks" of concern are adequately specified. The interactions and synergies between multiple risks also need to be considered. So, for example, an offender with a history of violence may at certain points in time have an inflated risk of suicide, and may also have a contemporaneous inflated risk of both suicide and further violence to others.

A significant technical challenge in this area is that levels of risk may potentially fluctuate over sometimes short periods of time. Suicidal behaviour in forensic settings provides a good illustrative example of this tendency. This also puts some key limitations upon our risk assessments, but it can also help us shape them. For the moment if we refer to the identified behaviour of concern—for example, risk of

completed suicide—then we may begin our exploration and examination of what may influence whether or not the level of risk increases or decreases. This is useful information for others who may have to make many of their initial risk management decisions largely drawing from a set of risk assessment reports authored by a range of professionals. An awareness of the germane evidence base in combination with a thorough understanding of the risk assessment process is needed to do full justice to such work. In principle this should be a reasonable expectation of professionals involved in this area of work. In practice it is not always evident that this is the case. In some ways though, a perhaps more challenging aspect of such work is not the calculation and specification of the "types and levels of risks" but rather the decision making in view of such assessments. I will now move on to briefly consider this key area of practice.

Much work on risk assessment and arguably risk management has been largely about how to weight a range of variables in terms of their impact on calculations or professional judgements about the level of risk for a specified outcome. Such judgements bring to the fore a series of questions particularly in relation to risk management. There is also a need to carefully consider the decision making processes once a determination has been made regarding the level of risk. Human judgements are subject to a whole series of well documented biases in decision making. To name one illustrative example individuals tend to show an "anchoring" bias in their judgements.<sup>2</sup> This is the psychological process whereby once an initial judgement about a case has been made we are unlikely to shift from it significantly. This phenomenon is both resistant to change and persistent in containing judgements around the anchor point sometimes despite new evidence which may call initial judgements fundamentally into question. The multiple psychological and social processes which effect decision making in relation to both risk assessment and management have received scant regard in the forensic mental health literature and field yet are crucial in contextualising our understanding of risk. Accurate contextualisation in turn is more likely to lead to more accurate risk assessments and more realistic risk management.

It is important also to acknowledge that the routine separation of risk "assessments" and "interventions" to reduce risk is, in large part, one of conceptual convenience rather than simply a reflection of two qualitatively different processes. The language of "assessments" and "interventions" may sometimes beget an unduly mechanistic understanding of the relation between these two processes. Such relations are perhaps more appropriately characterised by a process of reciprocal iteration. Thus assessments and interventions are psychologically dynamic and overlapping domains.

### ECOLOGICAL VALIDITY

Perhaps the most salient aspect of context in risk assessment is what may be referred to as a problem of ecological validity. Often assessments are requested with considerable temporal



distance between the point at which the assessment is made and the point at which a particular behaviour may or may not be exhibited. A useful analogy that has been drawn here is with short, medium, and long term weather forecasting.<sup>3</sup> In general, short term "predictions" of weather conditions or at least the probability of particular weather conditions occurring are very accurate, despite popular folklore to the contrary. Medium term forecasting is less accurate and long term weather forecasting is much less accurate. This is because the task becomes exponentially more difficult as long term forecasts involve the actions and interactions of more and more variables. It becomes increasingly difficult to account for and control all potentially relevant intervening variables. The same situation applies with risk assessments in the forensic field where the challenge of making risk assessments at increasing temporal distance becomes increasingly less accurate. It is all the more curious that this is often what clinicians are asked to do and often agree to do.

The research evidence suggests that temporal distance will have a direct and highly significant impact on the likely accuracy of judgements about "risk". This is potentially very important in terms of its implications for effective practice. It is arguably likely to have far more potential impact on the accuracy of our assessments than say, typically, data about the fine tuning of a particular risk assessment "tool". In terms of a contextual factor, clearly the timing of risk assessments is important. All things being equal, risk assessments are likely to be more accurate if made in relation to shorter (and clearly specified) time frames. This is a problem of ecological validity primarily because we cannot sufficiently accurately "predict" the factors in the environment which may have indirect, or direct impacts. With lengthier potential time frames for risk assessment there is a greater potential for things to go wrong because there is more opportunity for such outcomes.

An additional and possibly more traditional aspect of the problem of a lack of ecological validity to some risk assessments is that the environment where the initial assessment is made is often markedly different from that in which the individual will be at "risk". This is neatly illustrated within prisons where there tend to be highly ordered and structured environments. This sits in marked contrast with the lack of structure which may be apparent in the environments of prisoners released into the community.

### THE IMPORTANCE OF BEING ETHICAL

Curiously much of the discourse on risk assessment in forensic contexts is expounded with an implicit understanding that "the public" and "the offender" are separate categories while, with no apparent sense of irony, discussing the purported efficacy of different types of intervention. This is curious because interventions are, in effect, deemed successful if the individual makes the transition from "offender" to "member of the public". Additionally offenders are often more likely to be victims of crime than other members of the public. The crucial point here is that whereas it may well be that offenders should lose their liberty for the commission of certain crimes they should not lose their citizenship. The fundamentally coercive nature of forensic contexts probably does not require further iteration here. Safe to say, as briefly touched upon earlier, it brings into sharp focus some ethical issues. One of the areas with significant potential for obfuscation is the often confused sense of who the client is in relation to forensic risk assessments. Adapting to the complexities of multiple clients and stakeholders is key

to effective forensic practice. Simply viewing the direct recipient of services as *the* client is clearly problematic. The routine separation of "public" and "offender" interests though does not stand up to scrutiny. Many members of the public are offenders and all offenders are part of the public.

Consent and confidentiality feature in a number of professional guidelines for practice. There will inevitably be limits to the power and reliability of reported consent in any coercive environment. Criminal Justice environments are no different in this respect. A consideration of consent to assessment is important as it would be for any other areas of clinical assessment. The onus is on practitioners to explain why they have not sought or been given consent to any clinical assessment. Similarly with the issue of confidentiality. The limits to confidentiality have long been acknowledged. Practitioners deciding to breach confidentiality have the onus on them to justify such an action. In the forensic field, perhaps more often than elsewhere in clinical practice, it is common to weight hypothetical third parties more heavily.

Ethical guidance, particularly from the perspective of undertaking risk assessment work, would benefit from being reappraised in terms of what often amounts to an undue narrowness in approach. A consideration of structural inequalities and power relations is essential to informing good ethical practice. This is a key aspect of informing accurate risk assessments. It is arguably amplified in importance in the forensic field because of the consequences of risk assessment and management decision making. The consequences of potential misjudgements involves miscarriages of justice, and also harm if an offender is released from a secure facility and seriously reoffends.

It is probably axiomatic to state that convicted offenders tend to come disproportionately from lower socioeconomic backgrounds and particular ethnic groups. This is in contrast to the socioeconomic groups and backgrounds, by and large, with those making risk assessments. Again this is a rarely considered dynamic in the risk assessment (or ethical) process. In terms of the basic social psychology of the risk assessment interview it would be naive to maintain that this does not have the potential to impact on the nature and quality of risk assessments. The importance of such relations both in assessments and intervention processes can be paramount to the efficacy of such work.<sup>4</sup> This is rarely considered as an ethical issue. If such considerations have an impact on the risk assessment produced then these link to the rights of the individual and more general public rights. A fuller consideration of such ethical issues is warranted not only because this may make risk assessments more accurate, but also, and most crucially, because it is just to do so.

### CONCLUSIONS

There may be a need to begin our understanding of risk assessment by first trying to understand the logic and power relations involved in the process. It may also be prudent to look more seriously and closely at the ethical issues associated with practice in this challenging area, particularly with a view to embracing a wider and richer ethical framework than traditional approaches. Above all there is the potential to significantly improve the quality of practice in terms of both its accuracy and justness.

G TOWL  
Health and Offender Partnerships/University of Birmingham, UK



REFERENCES

1

Towl GJ, Crighton DA. Risk assessment with offenders. *Int Review Psychiatry* 1997;9:187-93.

2

Tversky A, Kahneman D. Judgement under uncertainty, heuristics and biases. *Science* 1974;185:1124-31.

3

Monahan J, Steadman HJ. Violent storms and violent people: how meteorology can inform risk communication in mental health law. *Am Psychol* 1996;51:931-8.

4

McNeill F, Batchelor S, Burnett R, et al. *21st century social work—reducing re-offending: key practice skills*. Edinburgh: Scottish Executive, 2005.

With apologies to Albert: everything is not relative

This year marks the 100th anniversary of Einstein’s annus mirabilis, in which he published four papers that transformed the world of physics. One of these earned him the Nobel prize, and another introduced the concept of relativity. With all due respect to his genius, this paper will argue that, at least when it comes to reporting the results of randomised controlled trials (RCTs), relative indices, such as the relative risk (RR) and the odds ratio (OR), tell only half the story, and that half is often wrong. The impetus for this editorial was the CAPRIE trial,<sup>1</sup> although the message applies to all trials that use relative indices.

The study found that there was a relative risk reduction (RRR) of 8.7% when patients in the three diagnostic groups (ischaemic stroke, heart attack, and peripheral artery disease) were combined. At first glance, this seems extremely impressive. However, the fact that the p level was a marginally significant 0.043, with over 17 500 patient years in each of the experimental and comparison groups, raises a flag that perhaps something is amiss, and that 8.7% should be looked at more closely. To explore this, let’s imagine a much smaller trial, with only 50 patients in each of the two groups. In the treatment group, 20 patients die; in the control group, 30 die. This is summarised in table 1.

The risk of dying in the treatment group ( $R_T$ ) is  $20/50 = 0.40$ ; and in the control group,  $R_C$  is  $30/50 = 0.60$ . Hence, the RR is  $R_T/R_C$ , or  $0.40/0.60 = 0.67$ . The absolute risk reduction (ARR) is  $R_C - R_T$ , or  $0.60 - 0.40 = 0.20$ . Finally, the RRR is  $ARR/R_C$ , which is  $0.20/0.60$ , or 33%. Just looking at those numbers, we would again be very tempted to use the drug as part of our usual practice. Let’s repeat the study now,

but with 5000 in each group and the same number of deaths, as in table 2.

In this case,  $R_T = 20/5,000$ , or 0.004;  $R_C = 30/5,000$ , or 0.006; and the  $ARR = 0.006 - 0.004 = 0.002$ . Now for the relative indices:  $RR = 0.004/0.006 = 0.67$  and  $RRR = 0.002/0.006 = 33\%$ . In this second situation, we have a drug that is virtually useless, yet the relative indices—RR and RRR—are identical to those in the first example. Obviously, we are not getting the full picture. That is why, whenever possible, *EBMH* also reports the number needed to treat (NNT), which is the reciprocal of the ARR. In example 1, the NNT is  $1/0.2$ , meaning that five people must be treated to avoid one additional death. In the second example, the NNT is  $1/0.002$ , or 500 must be treated to avoid one death. In the meantime, 499 people are exposed to any possible adverse risks of the drug, and they or the healthcare system must absorb the cost. Returning to the CAPRIE trial, the NNT for all events is 200 over two years, and for deaths it is 1165 at a cost of over \$1000 a year in Canada.

The lesson is that “relatively” is fine for physicists, but clinicians also need absolute numbers and NNTs to make sense of trial results.

Dr DAVID L STREINER, PhD, CPsych  
Assistant VP, Research Director, Kunitz-Lunenburg Applied Research Unit,  
Baycrest Centre for Geriatric Care and Professor, Department of Psychiatry,  
University of Toronto; dstreiner@klaru-baycrest.on.ca

REFERENCE

1

CAPRIE Steering Committee. A randomised, blinded trial of clopidogrel versus aspirin in patients at risk for ischaemic events. *Lancet* 1996;348:1329-39.

Table 1 Small hypothetical trial			
	Died	Survived	Total
Treatment group	20	30	50
Control group	30	20	50
Total	50	50	100

Table 2 Larger hypothetical trial			
	Died	Survived	Total
Treatment group	20	4980	5000
Control group	30	4970	5000
Total	50	9950	10000



6.3 Towl, G.J. (2004) Leadership of applied psychological services in prisons and probation. *British Journal of Forensic Practice*, 6(3), 25-29.

# Leadership of applied psychological services in prisons and probation

Graham Towl

PRISON AND PROBATION SERVICES, LONDON, UK/  
UNIVERSITY OF BIRMINGHAM, UK

## ABSTRACT

This paper presents a case study of the leadership of applied psychological services in prisons and probation services. The history and process of achieving management change with this professional group in the context of broader public sector reforms are considered in detail.

## Introduction

This case study of the leadership of applied psychological services in prisons and probation is intended to describe, and reflect upon, the effective organisation of services. There are many different ways in which leadership is construed and understood in the literature, including a focus on traits, skills, style, situations, contingencies, ethics, exchange theory and team and transformational leadership (Maurik, 2001; Northouse, 2004). Commonly, leadership is distinguished from management as involving a different set of functions, management being about the implementation of order and consistency and leadership about the delivery of change. Management is conceptualised as being about planning, budgeting, organising, staffing, controlling and problem-solving. Leadership is seen as being more about establishing direction, motivating and inspiring and aligning people (Kotter, 1990, 1996). Arguably, leadership involves higher-order management skills, perspectives and understanding, rather than being fundamentally distinct from them. Clearly, however, there is much in common between these terms in practice. This paper takes an eclectic approach to leadership, to include borrowing from the range of perspectives listed above.

## Background

This case study begins in 2000. Psychological services in prisons as a corporate whole were in disarray. Senior managers in the organisation were concerned about the prospect of a widely claimed likely exodus of psychological staff to the emerging National Probation Service. In the general disarray a number of key features were prominent. First, there was no consistency or indeed assurance that trainee psychologists would receive their training. Second, and related to the first point, there was a relatively high staff turnover rate, with predictions that it would get worse. Third, there was an apparent inability to recruit sufficient staff to fill vacancies, particularly at the

trainee forensic psychologist level, but also among qualified staff. Fourth, professional links between 'the centre' or headquarters and the field were inconsistent and ineffective, linking 100 psychology units in prisons with a small HQ team. This is by no means an exhaustive list of the problems, but they are key areas that set the scene for the change management work that followed. Underpinning the approach, in the strategic direction of service developments, was a focus on key principles of public service reform reiterated by central government: a national framework of standards, devolution, flexibility and choice for stakeholders (Centre for Management & Policy Studies, 2002).

These four problematic issues needed to be addressed concurrently, chiefly because of the links between them and also because of a pressing need for change. One common feature of effective change management programmes is that leaders and followers have an acute sense of awareness of an urgent need for change (Kotter, 1996). It was important, too, to get senior management support for proposals to restructure services, particularly given the corporate risks associated with continued poor professional practices.

## Solutions

### *Structure*

In discussion with the Deputy Director General of the day and other senior colleagues, it was decided to establish a national network of 'area psychologists' in HM Prison Services' existing area structure for the operational management of prisons. The 'area psychologists' would provide a strategic lead in psychological services across prisons in their areas, working to area managers responsible for the line management of prison governors. Typically such areas have about ten prisons in them. Three areas already had area psychologists, but not as part of a national network. However, the learning from the three areas was important in informing and negotiating direct input to the national infrastructure. Such organisational restructuring was necessary to provide a more appropriate professional linkage between the professional head of psychological services and psychological teams in individual

prisons (Towl, 2002). Regular meetings were set up to support the emergent new structures, and so were regular individual meetings between area psychologists and the head of psychology. Increasingly, area managers began to see the benefits of a more strategic approach to the development and delivery of psychological services in their areas.

### *Staff training and retention*

The structural change described above linked directly to two of the other key issues highlighted above, namely staff training and retention. Area psychologists were well-placed to improve training arrangements for trainees, which led directly to improvements in trainee retention. This was also important for basic professional standards, because if an individual is employed as a 'trainee' then it follows that they should receive appropriate professional training. Another change that was introduced was the opening up of a new promotion avenue from psychological assistant to trainee psychologist. Previously, many psychological assistants had left the organisation, only to rejoin as trainee psychologists. This was a costly practice, which was often disruptive for service delivery and also the cause of some anxiety among prospective trainees because of the associated uncertainties. This change also seemed to make us a potentially more attractive employer to prospective job applicants.

Another important contributory factor to further improving the retention levels was challenging the cosy working practice whereby those choosing to leave the organisation sometimes appeared to act as if they had a virtual right to rejoin under the auspices of 'reinstatement'. Such practices had led to confidence on the part of some staff that if they left they would have a job to return to in HM Prison Service. Corporately the organisation appeared to permit such professional indulgencies, on the grounds that staff, particularly qualified staff, were in short supply. Whereas the organisation retains the facility to reinstate, it now requires the agreement of the corporate head of psychology. In practice this means that it is less likely that reinstatements will take place, which in turn means that staff are less likely to leave if they know that, to return, they would in all probability



have to compete with other candidates if posts are available. Again this has probably contributed to

**TABLE 1** Retention levels for psychological staff

	2000/ 2001	2001/ 2002	2002/ 2003
Qualified psychologists	82%	93%	92%
Trainee grade psychologists	76%	90%	94%
Psychological assistants	70%	75%	83%

improving retention levels (*Table 1*, below).

Reducing the turnover rate of qualified psychological staff was important for the training and supervision of trainees. The 'market' for qualified psychologists is quite strongly in favour of the qualified practitioner rather than the employer. To address this, a national minimum salary for those in qualified psychological posts was introduced at an enhanced level (at the time around £26,000). This level has subsequently risen and remains competitive. Average salaries for qualified psychologists in HM Prison Service are much higher than this. However, one of the problems historically with pay has been a failure to discriminate adequately between pay levels for qualified and unqualified staff, which in turn has had an impact on retention of qualified staff. It is important to emphasise that, in pay practices, 'differentials' may often be as important as absolute pay levels. Some significant savings have been made on trainee psychologists' pay. It must be taken into account that the 'market' for trainee psychologists remains very buoyant indeed, and in favour of the employer rather than the trainee. Savings on excessive trainee pay can also be used to fund the increased cost of professional training. But also, and crucially, there is now a clear, marked differential between maximum pay costs for trainees and minimum pay costs for qualified staff. This reflects the pay market for trainees and qualified staff respectively. There is a transparency of process, where all trainees can see the significant additional financial benefits they may gain when qualified.

### Recruitment

Improved staff recruitment procedures were, as mentioned above, a key area to target management change. Initially, twice-yearly national recruitment of trainees was introduced to replace the previous

system of national recruitment only when there was sufficient concern expressed in the field about the large number of vacant posts. Such demand, in combination with the availability of resources to fund such recruitment exercises, was required before recruitment took place. In parallel to change in the planning of recruitment delivery, much work was undertaken by a project group that was tasked to look at improving diversity and equality in psychology. Universities with undergraduate psychology programmes that had a good record for the diversity of their student population were targeted. The typical profile of recruits to trainee psychologist posts tends to be affluent, white, middle-class, women graduates.

To improve the quality and increase the number of applicants for qualified psychologists posts two measures were introduced. The first was to advertise posts for qualified staff both within and outside the organisation, in contrast with the previous approach, which amounted to exclusively internal promotions. The second was to look across applied psychology specialisms when advertising posts. For example, much of what has traditionally been undertaken by forensic psychologists could equally be done by clinical, counselling and health psychologists.

One of the area psychologist appointments mentioned earlier was taken up by a health psychologist with no background in prisons. Such roles require the benefit of an experienced professional psychologist - but not necessarily from the forensic specialism. Such developments have been helpful in improving the richness and diversity of the area of work undertaken by applied psychologists.

### Strategic service development

In 2002 a consultation process took place which culminated in early 2003 in a strategic framework for applied psychological services in prisons and probation services, produced and endorsed by the Director Generals of both organisations (HM Prison Service and National Probation Service, 2003a). This was the first time that there had been a strategic approach to the development and delivery of psychological services on a corporate basis for England and Wales. The strategic framework was underpinned by three themes: the

modernisation of services, focus on stakeholder needs and training, and continuing professional development (CPD). The ongoing implementation of the strategic framework has served to help further professionalise the work of applied psychologists in prisons and probation. Professional practice guidelines in applied psychology were issued to augment national standards of professional practice (HMPS & NPD, 2003b).

There are increasingly more cost-effective service delivery arrangements in place. One very recent element of the implementation has been the introduction of a project on benchmarking services, enabling comparisons to be made across applied psychology work in prisons to help inform psychology managers about cost-effective ways of working.

Nationally, an on-call system has been introduced, to ensure that, in the event of a major incident in a prison, applied psychologists will be available 24 hours a day, 365 days a year. This is entirely in keeping with the government agenda to ensure that services are provided when they are needed by stakeholders/customers.

## Leadership reflections

The initial leadership challenges were associated with a need to devise and implement a change management device, and to do it swiftly. With hindsight, attempts were made to drive too many changes virtually exclusively through area services; more links between heads of units and the centre could have been helpful. This is perhaps especially so for colleagues in the probation service.

The leadership challenges have changed, given the very significant improvements in the originally targeted areas. So, for example, training and supervision for trainees are now in place, and all have a route towards chartership (professional qualification). Retention levels across grades have improved markedly (*Table 1*) and recruitment is largely in good order. Much of the current challenge lies in the consolidation of the change management programme, which draws on the need for different leadership skills. The flexibility which now characterises the current configuration of psychological services bodes well for future challenges.

## New leadership directions

The introduction of the National Offender Management Service (NOMS) early this year and the advent of the Health Professions Council (HPC), with responsibility for the statutory regulation of applied psychology, are two key features of the internal and external environment of prisons and probation which will significantly affect the future developments in applied psychological practice in criminal justice.

NOMS raises three key issues for psychological staff. First is the notion of contestability, which in large part appears to mean 'competition'.

Psychological staff will need to ensure that services are delivered efficiently; this is more a matter of renewed focus than of fundamental change.

Second, it is anticipated that public sector prisons and probation services will work together in closer partnership, for example in relation to resettlement and multi-agency public protection arrangements (MAPPA). Third, the notion of purchaser and provider relationships will need addressing in relation to the configuration of applied psychological services.

The HPC looks highly likely to take on responsibility for the statutory regulation of applied psychologists, including forensic psychologists and other applied psychological specialists working in prisons and probation. In preparation for this we need to take the opportunity to tighten up further on our training, supervision and continuing professional development practices to ensure the maintenance and development of high standards of professional practice.

In conclusion, leadership tasks or needs change, but the need for leadership remains. Over the coming period it will be especially important that all our psychological staff show leadership in their determination to improve standards and services and, we may hope, enjoy the process of such engagement and potential success.

## Address for correspondence

Correspondence about this article should be addressed to Graham Towl, Head of Psychology, Prison and Probation Services, Cleland House, London, SW1P 4LN.



## References

Centre for Management and Policy Studies (2002) *Navigating Change: A Practitioner's Guide for Delivering Change Successfully in Public Services*. London: Cabinet Office.

HM Prison Service and National Probation Service (2003a) *Driving Delivery: A Strategic Framework for Psychological Services in Prisons and Probation*. London: Home Office.

HM Prison Service and National Probation Service (2003b) *Professional Practice Guidelines in Applied Psychology*. London: Home Office.

Kotter JP (1990) *A Force for Change: How Leadership Differs From Management*. New York: Free Press.

Kotter JP (1996) *Leading Change*. Boston: Harvard Business School Press.

Maurik JV (2001) *Writers on Leadership*. London: Penguin Books.

Northouse PG (2004) *Leadership: Theory and Practice*. London: Sage Publications.

Towl GJ (2002) Working with offenders: the ins and outs. *The Psychologist* **15** (5).

# MAKING POSITIVE CONNECTIONS

*A foundation in working with people diagnosed with a personality disorder*

**Annette Duff, Barbara Meredith and Kim Woodbridge**

*Making positive connections* has been created to support and help individuals to develop positive practice when they work with people with a diagnosis of personality disorder. It is exceptionally flexible, so is also useful for professionals working in other agencies that come into contact with people with personality disorder, such as:

- NHS trusts
- The prison service
- Community services
- Independent services
- Schools of nursing
- Social services
- The police
- Occupational therapists
- Workforce confederations
- Educational organisations and anyone working in housing, council workers.

This 12 chapter resource brings together in one package a breadth of information on selected issues including:

- **Self-harm**
- **Aggression**
- **Self-awareness**
- **Client Awareness.**

The training sessions are used to guide participants of a training group in the use of a workbook (which constitutes the majority of this resource) and to provide support, guidance and opportunities for discussion and feedback. This resource can also be used by individuals who want to take advantage of the support guidance offered by the workbook but who don't have the opportunity to take part in formal training.

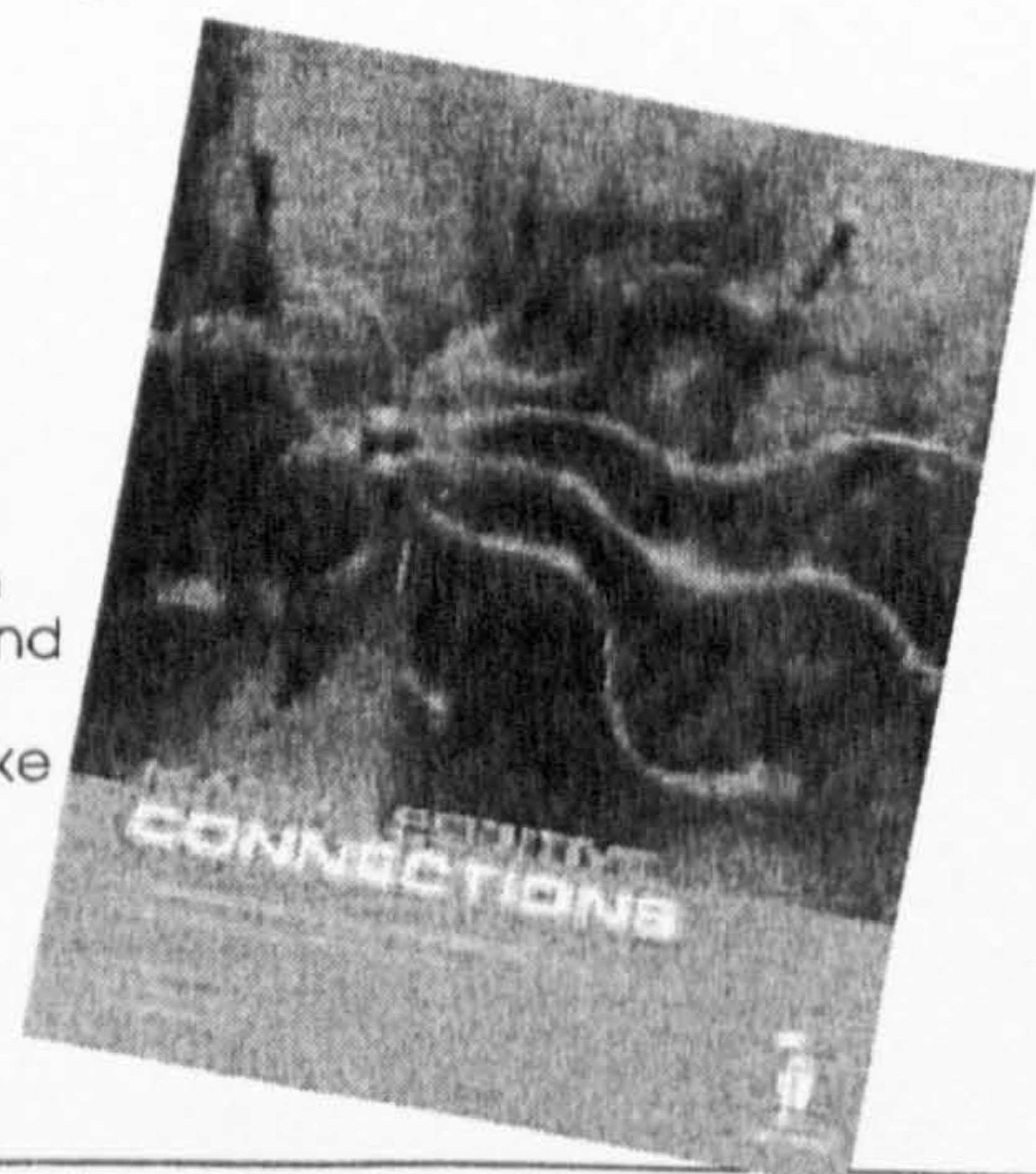
Completing activities in the workbook will help participants to remain positive and professionally robust in their interactions with people with a diagnosis of personality disorder over short or prolonged periods of time.

The pack's flexibility means that it can be used to train anyone, at any level, and is of most use to professionals who work in everyday practice, being applicable to both inpatient and community settings in either primary or secondary care.

**Of particular interest to:** experienced trainers and practitioners in the mental health field.  
Format: ringbound resource including photocopyable workbook (approx 180pp).

**Only £95 (plus P&P)**

To order your copy of this resource call our customer service team on 0870 161 3505 or order online at [www.pavpub.com](http://www.pavpub.com)





6.6 Towl, G.J. (2002) Psychological Services in HM Prison Service and the National Probation Service; working towards an effective partnership. *British Journal of Forensic Practice*, 4(3), 3-10.

# Psychological services in HM Prison Service and the National Probation Service: working towards an effective partnership

## ABSTRACT

The numbers of psychologists employed in HM Prison Service have doubled in the past three years to over 600 staff. HM Prison Service is the largest single employer of applied psychologists. With a governmental focus firmly on 'joined up' services in the criminal justice field (Boateng, 1999), the launch of the National Probation Service (NPS) in April 2001 has set the scene for closer partnership working between the two organisations. There has not historically been a national structure for the employment of psychologists in the probation service. With the creation of the NPS and an increased emphasis on partnership working, a national integrated role for psychologists is ripe for development. This presents both organisations with some significant partnership challenges and opportunities (Towl, 2000).

Graham J. Towl

NATIONAL PROBATION SERVICE AND HM PRISON  
SERVICE/UNIVERSITY OF BIRMINGHAM

**T**his paper begins by briefly outlining a conceptualisation of partnerships in terms of collaborative capacities. This helps frame the context of the change management programme underway in psychological services for both HM Prison Service and the NPS. Next it gives an illustrative account of the work of forensic psychologists in prisons and an update on developments in the NPS. It concludes by focusing on possible futures for applied psychologists working in both organisations.

The idea of organisations working more closely together in partnerships is nothing new (eg. Alter & Hage, 1993). What is new is the government drive in criminal justice to ensure a greater co-ordination and effective delivery of services between criminal justice organisations. For the purposes of this paper I will look at the potential for an effective partnership between the probation and prison service.

In recent years there has been a plethora of publications on partnership working (eg. Huxman, 1996). Perhaps one of the most enduring and pervasive features of the term 'partnership' is that it seems intrinsically eminently reasonable. This is important because it positions partnerships as both desirable and normative. Probation services have extensive experience of working in partnership with other organisations: eg. in mental health, employment and housing.

The prison service also has some experience of working with, for example, the voluntary sector.

One concept within the literature on partnerships that has the promise of providing explanatory or at least exploratory frameworks for improving our understanding is that of collaborative capacity. Below I outline a recently developed approach to collaborative capacity.

### Collaborative capacity

One potentially helpful starting point in looking at partnerships is the notion of 'collaborative capacity'. One framework for looking at collaborative capacity distinguishes between three types of such capacities: strategic, governance and operational (Regan *et al*, 2001). Strategic capacity may be viewed as vision and leadership, governance as accountability and operational capacity as having a focus on organisational service delivery.

A shared vision, or at least commonality of purpose, is important in the initiation, development and sustainability of effective partnerships. Both HM Prison Service and the NPS share the organisational aim of seeking to reduce the risk of re-offending. Both also have much overlap in their stakeholder base. Key stakeholders include the general public, prisoners, prison staff, the Home Office and

ministers. Many probation staff routinely work in prisons as well as in the broader community.

Accountability for HM Prison Service is at a national level. This is paralleled with the development of the NPS. There is now a clearer co-terminosity of boundaries between the two organisations with the reshaping of both to ensure greater commonality of geographical boundaries using the government offices of the regions (GOR). Thus there is the potential for clearer accountabilities across both organisations in any partnership working that they may undertake. As part of the measurement of the effectiveness of public sector organisations, performance indicators are often used as a management tool. This is the case for both the prison service and the probation service. With an eye to the future there may be the possibility of joint performance indicators.

The above organisational reconfigurations of services serve to provide the basic structure to facilitate the more effective delivery of partnership working. Such changes may well be necessary but not sufficient for effective partnership working in terms of an operational capacity for enhanced service delivery. There is significant potential to improve further and enhance service provision in working with offenders as a direct function of closer partnership, thereby

improving the operational capacity of both organisations. One example of this would be with short-term prisoners who are not in prison long enough to undertake the intensive groupwork that might reduce their risk of re-offending. However with the new partnership such work could start in prisons and continue in the community, and could be undertaken jointly. This would have the additional benefit of giving such interventions a greater ecological validity.

Below I give an illustrative overview of some of the work of forensic psychologists in prisons. As will be evident, much of such work could be directly applied in the probation service. Thus psychologists could make a real contribution to the NPS in delivering its national objectives.

### Psychological services in HM Prison Service

Overviews of the work of forensic psychologists in prisons are available in a number of accessible sources (eg. Towl, 1999; Towl & McDougall, 1999). In this short paper it is impossible to do full justice to the range of work in which forensic psychologists are involved. What follows is intended to be illustrative of some of this work in prisons, with an eye to possible developments in the NPS. One underpinning theme of the work



of psychologists will be the need to have a clear focus on an evidence based practice approach.

### *Risk assessment and risk management*

Risk assessment is a core area of the business of both HM Prison Service and the NPS. Psychologists are well placed to advise on risk assessment and management strategies for both services. Risk assessment may take a number of forms (Adams, 1999). Perhaps one common public perception of notions of risk assessment is in relation to work with violent offenders (Towl & Crighton, 1996). In such an example the process of risk assessment would involve an estimation of the probability of the offender re-offending violently. Risk management would involve an analysis of what factors might increase or decrease the level of risk of re-offending and how they might impact on the overall 'management' or supervision plan for the offender. Thus in this context such 'risk' would be actively identified and 'managed'. Clearly this will be an important area of work for both services and psychologists may well increasingly be called on to undertake such work themselves or to support and advise others in such roles. However work directed at assessing and managing the risk of re-offending is by no means the only area where an

understanding of the principles of risk assessment and management may be usefully applied.

An area of work undertaken by psychologists that is perhaps less well known is that of risk assessment in relation to the management of major incidents such as hostage-taking or other disturbances in prisons. Psychologists can play a vital role in contributing to the effective management of such incidents (Evans & Henson, 1999).

Another area of risk assessment and management is in working with suicidal offenders. Research into suicide in prisons has mushroomed in recent years and there is a good data set on which to draw to inform effective risk assessment and management practice (Towl, McHugh & Jones, 1999; Towl, Snow & McHugh, 2000; Crighton, 2000). For example, ten per cent of those individuals who take their own lives in prisons do so within the first 24 hours of arriving at the particular prison. Unsurprisingly perhaps, given the 'high throughput' environment of local prisons where remand and sentenced prisoners are held for relatively short periods of time before moving on, there are disproportionately high rates of suicide in these institutions compared with other types of prison. Offenders in the community share a number of

characteristics with prison populations (eg. high levels of drug abuse) and for this reason are also at an inflated risk of suicide.

The precise role of psychologists in contributing to the risk assessment and management process will need to be negotiated across the prison and probation services. Key roles may involve consultancy and training support. This is very much an area open to further discussion.

### *Lifers*

Forensic psychologists work in particular with life sentenced prisoners in the area of risk assessment (Willmot, 1999). Issues associated with an increased risk of re-offending may then be addressed with a clear aim of reducing the risk of re-offending. At the beginning of a life sentence the primary focus of such interventions may be on helping the prisoner to adapt to the prison environment (Morrissey & Towl, 1991). Some work with lifers can involve simply working towards getting individuals to engage constructively with the lifer system (Needs & Towl, 1998). This is varied and challenging work. Lifers are also a group of prisoners with an inflated risk of suicide (Crighton, 1997) so it is important when undertaking risk assessment work to focus not only on risk of harm to others but also on risk to self.



Practice developments in the immediate future will be a continued commitment to work towards having a named psychologist for each life-sentenced prisoner. There may also be opportunities in the future with the prison/probation partnership for psychologists to continue their work with lifers in community settings. Also probation officers supervising lifers out on licence may welcome some support and assistance from forensic psychologist colleagues in the probation service.

### *Structured groupwork*

In recent years there has been a very significant growth in groupwork interventions with prisoners aimed at reducing the risk of re-offending. These are commonly referred to as offending behaviour programmes. They are cognitive behavioural in approach. The evidence base for these is drawn largely from international meta analyses. These include cognitive skills programmes (eg. Blud, 1999), sex offender treatment (eg. Mann & Riches, 1999) and violent offender programmes (eg. Attrill, 1999).

In terms of future developments, further structured interventions are being designed to address other areas, such as domestic violence. Such interventions underpin much of the partnership work of the NPS and HM Prison Service. One

difficulty in delivering such structured interventions is that to be effective they need to run over a relatively long period of time. This has tended to mean that such interventions are not accessible to those prisoners with relatively short sentences or on remand. The augmentation of the prison/probation partnership offers the, as yet unrealised, promise of the two organisations working 'seamlessly' with offenders. For example, there is the potential for a prisoner to begin an intervention while in prison and to continue with it in a community setting. There will be a significant growth in this area of work over the coming years. Psychologists will need to be adaptable in terms of their roles. In practice this may mean more emphasis on equipping and supporting other grades of staff to undertake more of the direct work with offenders. This is an area of work where there will be much shared learning as a direct function of the partnership between the NPS and HM Prison Service.

### **Change management**

#### *The political, managerial and professional context*

Change management within psychological services must be seen within the broader context of developments across the public sector in general and within criminal justice in particular. From a professional perspective there is also the

imperative to take account of developments within the British Psychological Society.

The subordination to politics rather than the marketplace is the essential distinction between public and private organisations (Farnham & Horton, 1996). Crime and its prevention are high on the political agenda. Criminal justice organisations have been subject to some of the managerialist policies and practices common across the public sector. Essentially such approaches are characterised by using the language of private sector management and applying such concepts to the public sector. In terms of the recent history of such approaches they have tended to be based on the notion that the private sector is efficient and effective and the public sector is inefficient and ineffective (Flynn, 1997). More recently such popular generalisations have been questioned. However it has been acknowledged that the process of applying those methods and approaches more traditionally associated with the private sector to the public sector has provided some interesting food for thought for those taxed with delivering such services in the public sector.

Whereas there are a small number of prisons in the private sector the overwhelming majority are in the public sector. The work of psychologists within

prisons and the NPS is predominantly in a public sector context. A key change of emphasis resulting from the political and managerial background to current management philosophies and methods within the public sector is Value for Money (VFM) and continuous improvement in the delivery of services.

Professionally there has been, and is likely to continue be, a tightening up of professional regulation of the preparation of psychologists working towards chartership with the British Psychological Society (BPS) and full membership of the Division of Forensic Psychology. This will mean a need to place greater emphasis on training, supervision and, indeed, the often-neglected area of continuing professional development (CPD). The restructuring of psychological services will take account of these professional developments and seek to ensure that standards are raised.

### *The organisation of psychological services*

Traditionally the development of psychological services within individual prisons has been somewhat ad hoc. Some prisons have traditionally been well provided with psychologists, some not. There has rarely been a consideration of the needs of the prison and prisoners and how psychologists may meet

them. The sharper focus (in recent years) on performance management within the prison service has to a large degree served to call into question this quaint tradition of the deployment of psychological services without a direct link to need.

Working as a trainee forensic psychologist remains a very popular career choice among those interested in applied psychology. Thus there is no difficulty in getting new recruits. However to do full justice to them, to the organisation and ultimately to the public we need to ensure we are sharper in developing our ability to ensure appropriate training and supervision. This is not simply a matter of professional precocity. Putting aside the clear professional need for appropriate training and supervision, in performance management terms it also makes good sense. The performance of trainees who are well supervised is likely to significantly outpace that of less well supervised colleagues.

### *Structural and cultural change*

One problem in the past has clearly been the varying levels of knowledge and understanding among operational managers of what psychologists can contribute to the organisation. This issue may be viewed within the broader context of the potential development of an infrastructure for psychological

services in the NPS. This helped inform the decision to set up a national structure of experienced psychologists who are designated 'area forensic psychologists' to ensure there is some strategic planning and professional oversight of how psychological services are developed and delivered at a local level. HM Prison Service breaks England and Wales into 12 geographical 'areas' and two 'functional areas': women's prisons and high security prisons. This means that area managers can be more assured that services in their areas are being provided on a sustainable, effective and professional basis. This was not always possible previously because of the lack of such structures and lower overall numbers of psychologists.

There are ten probation regions in the NPS. They do not precisely match the 12 geographical areas of HM Prison Service. In practical terms this means there is a national structure for the NPS to tap into in the development of the infrastructure for the development and delivery of psychological services. The probation regions will be assisted in developing psychological services working closely with staff in HM Prison Service.

In spring 2001 the first joint recruitment venture for trainee forensic psychologists in prisons and probation was undertaken.



New entrants will also receive a joint initial training. The area structure of experienced psychologists is in place to make links with probation services and ensure that area managers in HM Prison Service are getting effective services. They are also well positioned to provide appropriate advice and support to probation services. This provides a helpful support structure while some more senior posts are developed within the probation service, probably at a regional level.

## The next 12 months

The next 12 months will be an exciting period in the relatively short history of forensic psychology in prisons and probation services. There will be two key priorities:

- consolidating the structure for area based services with a clear-shared national focus
- ensuring that an appropriate infrastructure is developed within the NPS for the effective delivery of psychological services.

In terms of the consolidation of the area-based structure, there will need to be a number of key elements to this role: first, ensuring staff are appropriately trained and supervised; second, ensuring that staff are appropriately deployed to make best use of the resources in meeting the organisations'

targets and third, there will need to be clear national focus in terms of working together to ensure that the NPS and HM Prison Service receive continuously improving psychological services.

The partnership between the NPS and HM Prison Service will underpin the development of forensic psychological services for both organisations. The professional head of psychology for the NPS and HM Prisons is a jointly appointed and funded role. Over the coming months there will be a range of opportunities for closer shared working in psychology. For example, there will be the possibility of secondments, in the first instance primarily from HM Prison Service to the National Probation Service. It is likely that there will be a small number of posts in the next 12 months for chartered forensic psychologists in the probation service who will be tasked with, among other things, the role of supervising nationally recruited trainee forensic psychologists in the probation service. Also area psychologists may wish to negotiate the development of some joint posts across both services. Additionally there will be the possibility of looking again at some of the contractual arrangements between operational managers in prisons and probation services to include some psychological input. Arrangements are likely to differ across probation services to

reflect and meet particular service needs. However, there will be strong support from the probation regions augmented by national leadership.

## Future directions

In this paper I have argued that the development of psychological services needs to be captured within the broader context of the modernisation agenda of government for the broader public sector. In particular the context of much psychological work in the future will be in developing and consolidating effective links across the NPS and prison service. This partnership working brings with it some significant challenges and opportunities. There is the opportunity for us to develop better quality services and interventions that match the needs of offenders. For example, as I have described above, there is a real opportunity to develop services for short-term prisoners by more effective partnership working across the two organisations.

We also need to develop appropriate partnerships with the National Health Service more widely, working with colleagues to ensure that the principle of 'equity of service' is actively worked towards for prisoners. Another area of future development will be in making more effective links with the Youth Justice Board.

In recent years we have tended to focus primarily on the work of forensic psychologists in prisons. There is a strong case for the NPS and prison service to look to other areas of applied psychological specialisms to help deliver services. With an eye to the future we will need to explore more fully the nature of such potential roles. For example occupational, health, counselling, clinical and educational psychologists may in the future have more of a role for both organisations.

It is an exciting and challenging time to be working in the National Probation Service and HM Prison Service. I have been fortunate to take up the role of head of profession at such a boom time for the development of applied psychological services. Finally, and importantly, as a profession we will need to ensure there is a strong focus on ethical standards of psychological practice combined with a clear focus on delivering an effective service for both organisations in partnership.

## References

- Adams, J. (1998) *Risk*: London: UCL Press.
- Alter, C., Hage, J. (1993) *Organisations working together*. London: Sage Publications.
- Attrill, G. (1999) Violent offender programmes. In: Towl, G.J., McDougall, C. (Eds) *What do forensic psychologist do? current and future directions in the prison and probation services*. Issues in Forensic Psychology 1. Leicester: British Psychological Society.
- Blud, L. (1999) Cognitive skills programmes. In: Towl, G.J., McDougall, C. (Eds) *What do forensic psychologists do? Issues in Forensic Psychology 1*. Leicester: British Psychological Society.
- Boateng, P. (1999) *Reducing levels of crime and disorder*. Manchester: Criminal Justice Management, Partnership Media Group.
- Crighton, D.A., Towl, G.J. (1997) Self-inflicted deaths in prisons in England and Wales: an analysis of the data for 1988-90 and 1994-5. In: Towl, G.J. (Ed) *Suicide and self-injury in prisons*. Issues in Criminological and Legal Psychology 28. Leicester: British Psychological Society.
- Farnham, D., Horton, S. (1996) *Managing private and public organisations*. In: Farnham, D., Horton, S. (Eds) *Managing the new public services*. London: Macmillan.
- Flynn, N. (1997) *Public sector management*. London: Prentice Hall.
- Huxham, A (Ed) (1996) *Creating collaborative advantage*. London: Sage.
- Mann R, Riches E (1999) HM Prison Service sex offender programme. In: Towl, G.J., McDougall, C. (Eds) *What do forensic psychologists do? Issues in Forensic Psychology 1*. Leicester: British Psychological Society.
- Needs, A., Towl, G.J. (1997) Reflections on clinical risk assessments with lifers. *Prison Service Journal* 113 14-17.
- Regan, E., Sullivan, H., Smith, J. *et al.* (2001) 'Joining-up' government: developing theory and practice. Birmingham: School of Public Policy, University of Birmingham.
- Towl, G.J. (1996) Homicide and suicide: assessing risk in prisons. *The Psychologist* 9 (9) 398-400.
- Towl, G.J., Crighton, D. A. (1996) *The handbook of psychology for forensic practitioners*. London: Routledge.
- Towl, G.J., Crighton, D.A. (1997) Risk assessment with offenders. *International Review of Psychiatry* 9 187-193.
- Towl, G.J., Crighton, D.A. (1998) Suicide in prisons in England and Wales from 1988 to 1995. *Criminal Behaviour and Mental Health* 8 184-192.
- Towl, G.J, McHugh, M.J., Jones, D. (1999) *Suicide in prisons: research, policy and practice*. NHS Executive and HM Prison Service. Brighton: Pavilion Publishing.
- Towl, G.J. (1999) What do forensic psychologists in prisons do? *The British Journal of Forensic Practice* 1 (3) 9-11.
- Towl, G.J., McDougall, C. (Eds) (1999) *What do forensic psychologists do? Current and future directions in the prison and probation services*. Issues in Forensic Psychology 1. Leicester: British Psychological Society.



Towl, G.J. (2000) Forensic psychology in the probation and prison services: working towards an effective partnership. *Prison Service Journal* 131 32–33.

Towl, G.J., Snow, L., McHugh, M.J. (2000) Suicide in prisons. Leicester: British Psychological Society.

Willmott, P. (1999) Working with life sentence prisoners. In: Towl, G.J., McDougall, C. (Eds) What do forensic psychologists do? Issues in Forensic Psychology 1. Leicester: British Psychological Society.

*A version of this paper was first published in The Psychologist vol 15, no 5, May 2002.*

## Events Diary

**Title:** **Dangerous and Severe Personality Disorder**  
An opportunity to hear about the overall progress since the beginning of the programme  
**Date:** 27 September 2002  
**Venue:** ORT House Conference Centre, London NW1

**Title:** **Forensic Psychiatric Nurses' Association Annual Conference**  
The Changing Agenda in the Health Service, Forensic Practice - Included or Excluded?  
**Dates:** 17 and 18 October 2002  
Cheltenham Park Hotel, Cheltenham  
**Contact:** Julie Millar on 0121 678 3636, Main House  
201 Hollymoor Way, Northfield, Birmingham, B45 9BE [www.fpna.co.uk](http://www.fpna.co.uk)

**Title:** **European Drugs Conference 2002**  
Drugs and Society - 'Implementing the Changing Agenda'  
Pavilion in association with a consortium of British partners and the University of Amsterdam - The Netherlands  
**Dates:** 24 & 25 October 2002  
**Venue:** Ashford International Hotel, Kent

**Title:** **The Zito Trust**  
A major two-day mental health conference timed to mark the ten years that have passed since Jonathan Zito's death  
**Dates:** 0 & 31 October 2002  
**Venue:** The Queen Elizabeth II Conference Centre, London SW1

**Title:** **The Truth About Treatment**  
Pavilion in association with Federation of Drug and Alcohol Professionals (FDAP)  
**Dates:** 6 November 2002  
**Venue:** ORT House Conference Centre, London NW1

To receive further information on the above conferences please contact:  
Pavilion, tel **01273 623222**, fax **01273 625526** or email [info@pavpub.com](mailto:info@pavpub.com)



If you have any events that you wish to be included in the events diary, please forward brief details (title, date, venue, contact name and number) to Kay Burnett, Journals Marketing Executive, Marketing Dept, Pavilion Publishing,  
tel **01273 623222**, fax **01273 625526** or email [info@pavpub.com](mailto:info@pavpub.com).

(We regret we cannot guarantee inclusion of your events.)



6.8 Towl, G.J. (1999) Self-inflicted deaths in prisons in England and Wales from 1988 to 1996. *British Journal of Forensic Practice*, 1(2), 28-33.

# Self-Inflicted Deaths in Prisons in England and Wales from 1988 to 1996

Graham Towl

AREA FORENSIC PSYCHOLOGIST,  
HM PRISON SERVICE/UNIVERSITY OF CAMBRIDGE

## Introduction

Overall, there has been a significant increase in the numbers and rates of suicide in prisons over the past decade (Crighton & Towl, 1997; Towl & Crighton, 1998). This has contributed to an increased interest in the area, against a background of the ambitious Health of the Nation targets for the reduction of suicides in the community. A primary goal of the study discussed here into self-inflicted deaths in prisons in England and Wales from 1988 to 1996 was to further inform researchers, policy makers and practitioners about some of the characteristics of those who have completed suicide in prisons.

## ABSTRACT

In this study of 420 self-inflicted deaths in prisons a number of themes emerge. First, important definitional issues in the study of suicide. Second, the observation of the inverse relationship between risk of suicide and time spent at the individual prison institution. Third, that significant age group differences in suicide rates are not distinguishable in prison. Fourth, that factors associated with an increased or decreased risk of suicide are often dynamic at a societal, institutional and individual level.

## Background

Four studies in particular were instrumental in informing the design of this study. A brief description of each follows.

**1** In one large-scale study of suicide it was reported that the rate of suicide was about three times that of the general population (Topp, 1979). There were two parts to the study:

- an examination of statistical trends in suicide rates from 1880 to 1971. Topp found a total of 775 cases. The rate of suicide varied between 28 and 60 per 100,000. Overall the rate appeared to decline from 60 to 40 per 100,000 between 1880 and 1971
- a more detailed study of 186 male cases of suicide between 1958 and 1971. Home Office and Prison Department prisoner records were scrutinised. Those recorded as suicide verdicts by the coroners and those open verdicts that the author considered being more likely to be more accurately described as suicide were included in his study.

Sixty-nine (37%) of the suicides were on remand or unsentenced, and 117 (63%) had been sentenced. Sixty-six of these were serving sentences of 18 months or longer. The suicide rates were calculated as being: 12 per 100,000 for the remands, 8 per 100,000 among those sentenced to less than 18 months, and 65 per 100,000 for those serving over 18 months. These rates appear to have been calculated, using the Average Daily Population (ADP) of prisons in each of the categories.

Seventy-seven (41%) of the suicides took place within one month of imprisonment. One hundred and twelve (60%) of the suicides took place within three months. Hanging appears to have been the most commonly recorded method of suicide. Seventy-nine per cent of those who had completed suicide were either single or separated from their partner.

We may draw a number of general conclusions from Topp's research. Perhaps most salient was the fact that a disproportionately large number of prisoners who complete suicide do so shortly after arriving in prison; also prisoners given longer sentences (ie, over 18 months) appeared to be at an increased risk of suicide in the study.

**2** A second study undertaken using a similar methodology to the second part of Topp's study

included a sample size of 295 cases for the period from 1972 to 1987. A number of Topp's earlier findings were also evident in the results of the analysis of the data. The study in question was designed with two aims in mind: to describe the characteristics of a large number of prison suicides, and to attempt to assess motivation, (Dooley, 1990). Some useful data was produced with the first aim in mind. However, the data and arguments related to the second aim are unconvincing and I focus here upon the data linked to the first.

For his sample, Dooley used those unnatural deaths which had attracted a coroner's verdict of suicide.

The rate of suicides increased from 31 per 100,000 for the period from 1972 to 1975 to 56 per 100,000 for the period from 1984 to 1987.

Seventeen per cent of those who had completed suicide did so within one week, 29% within one month and 51% within three months of entering prison. In contrast to Topp's study, remand prisoners were over-represented in the suicide figures using ADP for the calculations. Those prisoners serving longer sentences were also disproportionately more likely to complete suicide. Hanging was again found to be the most common method used for suicide.

Prisoners charged or convicted of violent and/or sexual offences and those serving life sentences were over-represented in the suicide figures reported in the study.

**3** A number of the findings of both Topp and Dooley were given further support in a study investigating suicide in Scottish prisons from 1976 to 1993 (Bogue & Power, 1995). The researchers included those self-inflicted deaths which were officially classified as suicide from Fatal Accident Inquiries. Of the 83 suicides, 82 were male and one was female.

Twenty-seven (34%) of the suicides took place within one week, 36 (46%) within a month and 52 (66%) within 3 months of entering prison. Remand prisoners were over-represented in the figures for the rates of suicide when ADP was used to calculate the rates. However this difference was not evident when numbers of receptions was used to calculate the rate (Bogue & Power, 1995). The results in terms of a disproportionately high number of violent and/or sexual offenders and lifers being noted in the sample concurred with Dooley's findings.

**4** In a more recent study of suicides in prisons in England and Wales (Crighton & Towl, 1997) a broader definition of suicide was used to include all self-inflicted deaths. This is in



keeping with the Prison Service policy in terms of the official recorded figures of suicide. Interestingly, it has been noted that between 1988 and 1994 the percentage of self-inflicted deaths receiving a verdict of suicide ranged from 58% to 84% (McHugh & Towl, 1997).

One possible consequence of the use of such a broad definition is that the suicide rates routinely used by the Prison Service may result in an overestimate of the rates of suicide (McHugh & Towl, 1997). Equally, it is worth noting that it has perhaps been a methodological weakness of some previous studies that only those cases attracting a verdict of suicide have been included, probably resulting in an underestimate of actual suicide rates due to well documented problems with a reliance on such recorded rates.

Two samples of self-inflicted deaths in prison were examined, one from the late 1980s, the other from the mid-90s, with sample sizes of 100 and 97 respectively. The authors of the study note an increase in the rate of suicide from 98 per 100,000 to 130 per 100,000, using the ADP to calculate the rates. Longer sentence length appeared to be equated to an inflated risk of suicide; this was markedly so for life sentenced prisoners. Differences between rates of suicide for remand prisoners were noted when using ADP to

make the calculations, but this apparent difference was not evident when using numbers of receptions to calculate rates.

Somewhat surprisingly no particular age groups were significantly over-represented in the suicide figures. This is in marked contrast to what has been observed in community studies. In terms of the temporal variable referred to in the previous studies the following results were found from their mid-90s data: 27% of the suicides occurred within one week; 44% within a month; and 61% within 3 months. It is also tentatively noted (Towl & Crighton, 1997) that suicide rates for men appear to be higher than those for women prisoners.

In summary, it is evident that the starting point of each of the studies is precisely how completed suicides are defined. Two robust findings across the studies linked to an inflated risk of suicide appear to be, shortness of time spent in the establishment and length of sentence. As indicated earlier the current study was very much informed by the earlier studies cited. Some of the main results are detailed below.

## Method

The operational definition of suicide for the research was those cases recorded as self-inflicted deaths (SIDs) by the Prison

Service. We have already seen that this includes a relatively broad notion of suicide to include all self-inflicted deaths. The period of investigation was between 1988 and 1996 and included 420 case records from the Suicide Awareness Support Unit at the Prison Service.

## Results

The results section is divided into three parts to include: biographic information, crime related variables and environmental factors.

### *Biographic information*

Those aged between 15 and 20 have marginally lower rates of suicide than those in the 21-plus group, the figures being 94 and 101 per 100,000 respectively. Imprisoned men have higher rates of suicide than women. Rates calculated using the Average Daily Population (ADP) figures are 98 for men and 69 for women per 100,000. Rates calculated using reception rates are 40 and 17 per 100,000 respectively. Thus the gender difference is greater when calculated using reception rates.

Black prisoners are under-represented in the suicide figures when compared to white prisoners. For the period under study black prisoners represented 11% of the prisoner population, but only 4% of completed suicides.



### Crime Related Variables

Of all self-inflicted deaths, 48% were sentenced prisoners and 52% remand prisoners. Suicide rates for remand prisoners are significantly higher than for sentenced prisoners when calculated using ADP figures (234 and 63 per 100,000). However, when rates are calculated using numbers of receptions, this difference largely disappears (41 and 31 per 100,000). Of sentenced prisoners, those convicted of violent and sexual offences have higher rates of suicides than those with other offence categories. Length of sentence appears to be positively correlated with risk of suicide: 47 per 100,000 ADP for those serving under 4 years; 66 per 100,000 ADP for those serving over 4 years; and 181 per 100,000 ADP for those serving life sentences. Previous custody and conviction data were not helpful markers for distinguishing differential levels of risk of completed suicides.

### Environmental Factors

Sixty-four per cent of suicides take place in local/remand prisons, which house 41% of prisoners. No suicides were recorded in open prisons. Rates of suicide are proportionately lower in Young Offender Institutions (YOIs), closed training prisons and especially female YOIs, for example, the female estate accounts for 4% of

prisoners but just over 2% of suicides.

Ten per cent of suicides occurred within one day of arrival at individual Prison Service establishments; 27% of suicides occurred within one week; 49% within one month; and 67% within three months.

F2052SH is the name given to the document which is used to help structure the management and care of prisoners deemed to be at an unacceptably high risk of suicide in prisons (see McHugh & Towl, 1997 for a more detailed description). Eighty-six per cent of suicides did not have such documentation 'open' at the time of their death. Eighty-six per cent of suicides were by hanging.

### Discussion of results

Perhaps one of the more interesting findings from this research is

that those between the ages of 15 and 20 do not appear to be at a significantly inflated risk of suicide. This largely replicates the findings of other similar recent studies (for example, Crighton & Towl, 1997). There appear to be a range of views amongst researchers about whether women prisoners are over, equally or under-represented in the suicide figures (Liebling, 1994, Crighton & Towl, 1997, and Loucks, 1998). In this research women appear to have a lower risk of suicide than men; this is so whether the rates are calculated using ADP or reception rates. One difficulty in making gender-based comparisons is that the total number of suicides amongst women prisoners is relatively numerically low, thus we need to be especially cautious in the interpretation of such estimates (Towl & Fleming, 1997).

However, we may cautiously conclude that the balance of empirical evidence does currently appear to point in the direction of women being under-represented in the figures.

A number of researchers have claimed that remand prisoners are over-represented in the suicide figures (for example, Towl, 1996). Recent research into suicides in prisons has helped clarify the position further. In short, it appears that the significance of legal status, here remand, has perhaps been

**FIGURE 1** The Coroner's verdicts for the full sample

suicide	61%
accidental death	5%
misadventure	5%
open	16%
killed self	4%
suicide aggravated by lack of care	2%
misadventure aggravated by lack of care	1%
lack of care	0.2%

over-emphasised as being linked to an inflated risk of suicide (Crighton & Towl, 1997, and Towl & Crighton, 1998). The picture appears to be relatively complex. Remand prisoners are over-represented in the figures for completed suicides when such estimates are based on ADP to calculate rates. Yet this difference largely disappears if the rates are calculated based on reception figures (Bogue & Power, 1995, and Crighton & Towl, 1997). This finding was supported in this research.

#### *What does this finding mean?*

It means that time spent in the institution is the key underlying variable, which the respective rates for remands are largely a manifestation of. Thus, remand prisoners are frequently only in prisons for relatively short periods of time, hence they are as a group relatively more frequently exposed to the critical environmental factors of the first few hours, days, weeks and months of being in the prison. Indeed, as we have seen, in this study, 10% of those who completed suicide did so within 24 hours of arrival at the particular prison. In terms of the targeting of limited resources, this finding alone must surely have some very important implications for policy and practice.

Violent and sexual offenders appear to be at an inflated risk of completing suicide in prisons. Again, this replicates previous

findings (Dooley, 1990). Also, sentence length appears to be positively correlated with risk of suicide; this also is consistent with previous research (for example, Topp, 1979). However, clearly there will be an overlap between offence type and sentence length. It is difficult to disentangle the respective significance of these two clearly interacting variables.

Probably the most powerful and robust finding in this research is that time spent in the individual prison institution is very strongly negatively correlated with the risk of suicide. Thus, the shorter the period of time spent in the institution for the individual prisoner, the greater the risk of suicide in that time period. About two-thirds of self-inflicted deaths in this research were classified as suicide by a coroner. This result may not fully capture the year-on-year variability in the coroner's court verdicts. (See McHugh & Towl, 1997.)

#### *Conclusions*

Rates of suicide in prisons remain high when compared to rates of

**10% of those who  
completed suicide  
did so within 24 hours  
of arrival.**

suicide in the community. One difficulty in the study of suicide is that of its definition (Towl & Crighton, 1996; McHugh & Towl, 1997). We have seen that official Prison Service figures of recorded suicide are significantly higher than would be apparent if we were to rely solely on coroner's court verdicts of suicide. This may well result in over-estimates of the actual suicide rate in prisons (Towl & McHugh, 1998). The scope for such over-estimation may be inversely related to the proportion of all self-inflicted deaths attracting a verdict of suicide in a given year.

From this research it is evident that both crime-related variables and, importantly, environmental variables are linked, sometimes clearly, sometimes less so, to differentiating between those at inflated risk, and those at a lower risk of suicide. Such information may be helpfully used to inform individual risk assessments and interventions at both an individual and institutional level. Some factors associated with an inflated risk of suicide may remain constant or relatively constant over time, whilst other factors may well be subject to change. Change may occur as the result of the intervention of staff, or indeed as the result of broader societal changes, for example, attitudes to sex offenders. The weighting of the variables associated with an inflated risk of suicide will need to be updated



accordingly. Thus, we can see that risk assessment is a dynamic process (Towl & Crighton, 1996; Towl & Hudson, 1997).

### Recommendations

The results of this have some clear implications for future research, policy and practice. In terms of future research, a number of potentially useful hypotheses may be generated for further investigation from this study. For example, it may well prove fruitful if the links between some of the identified variables could be further researched. This could be done using a range of methodologies to include both quantitative and qualitative research. There has been a great deal of research focus on improving our understanding of what variables may be important in increasing the risk of suicide; some future research could involve a particular focus on 'protective factors', ie, those variables which may be linked with decreasing the risk of suicide. Such information clearly requires systematic dissemination. We need to look at ways of further improving the communication of such research findings both within the Prison Service and across the forensic field.

*This article first appeared in Suicide in Prisons: Research, Policy and Practice, 1999, Edited by Graham Towl, Martin McHugh and Dilys Jones. Published by Pavilion Publishing (Brighton) Ltd. ISBN 1 900600 93 5. Price £11.95*

### References

- Bogue, J. & Power, K. (1995) Suicide in Scottish Prisons, 1976-1993, *The Journal of Forensic Psychiatry*, 6, 527-540.
- Crighton, D. A. & Towl, G. J. (1997) Self-Inflicted Deaths in Prisons in England and Wales: An analysis of the data for 1988-90 and 1994-5, in *Issues in Criminological and Legal Psychology*, DCLP 28. Leicester: The British Psychological Society.
- Dooley, E. (1990) Prison Suicide in England and Wales, 1972-1987, *British Journal of Psychiatry*, 156, 40-45.
- Liebling, A. (1994) Suicide amongst women prisoners. *The Howard Journal of Criminal Justice*, 33 (1) 1-9.
- Loucks, N. (1998) *Research into drugs and alcohol, violence and self-injury, and backgrounds of abuse*. Scottish Prison Service (SPS). Occasional papers no. 1/98. Cornton Vale: HMPI.
- McHugh, M. & Towl, G. J. (1997) Organisational Reactions and Reflections on Suicide and Self-Injury, in *Issues in Criminological and Legal Psychology*, DCLP 28. Leicester: The British Psychological Society.
- Topp, D. O. (1979) Suicide in Prisons, *The British Journal of Psychiatry*, 134, 24-27.
- Towl, G. J. (1996) Homicide and Suicide: Assessing risk in prisons, *The Psychologist*, 9 (9).
- Towl, G. J. & Crighton, D. A. (1996) *The Handbook of Psychology for Forensic Practitioners*. London: Routledge.
- Towl, G. J. & Crighton, D. A. (1998) Suicide in prisons in England and Wales from 1988 to 1995, *Criminal Behaviour and Mental Health*, 8, 184-192. London: Whurr Publications.
- Towl, G. J. & Fleming, C. (1997) Self-inflicted deaths of women prisoners, *Forensic Update*, 51. Leicester: British Psychological Society.
- Towl, G. J. & Hudson, D. (1997) Risk Assessment and Management of the Suicidal in *Issues in Criminological and Legal Psychology*, DCLP 28. Leicester: British Psychological Society.
- Towl, G. J. & McHugh, M. (1999) Prison Service Policy: Caring for the suicidal in prisons. In G. Towl, M. McHugh & D. Jones (Eds.), *Suicide in Prisons: Research, Policy and Practice*. Brighton: Pavilion Publishing.



6.10 Towl, G. J. & Crighton, D. A. (1998) Suicides in prison, an analysis of the data 1988-1995. *Criminal Behaviour and Mental Health*, 8, 184-92.

# Suicide in prisons in England and Wales from 1988 to 1995

GRAHAM J. TOWL Area Forensic Psychologist, Prison Service and University of Cambridge

DAVID A. CRIGHTON Area Forensic Psychologist, Priority Healthcare Wearside NHS Trust and University of Newcastle

**ABSTRACT** *This study is based on an examination of 377 official records (from the English Prison Service's Suicide Awareness Support Unit) of self-inflicted deaths in prisons in England and Wales for the period from 5 February 1988 to 5 November 1995. The study builds on the work of earlier researchers in the area of suicides in prisons (Topp, 1979; Dooley, 1990) and provides a detailed analysis of all self-inflicted deaths occurring in prisons in England and Wales, something never previously undertaken. In this paper we present some of the main results from our research.*

## Background

Research into suicides in prisons has been bedevilled by definitional problems (McHugh and Towl, 1997). The Office of Population Censuses and Surveys (OPCS) publishes details of trends in suicide rates and methods in England and Wales (Bulusu and Alderson, 1984; Charlton et al., 1992). In their report on trends in suicide Charlton et al. (1992) give two definitions of suicide:

- (a) recorded suicides: International Classification of Diseases (ICD) (World Health Organization, 1948, 1955, 1965, 1977) 6th E970-E979; 7th ICD E970-E979; 8th ICD E950-E959; 9th ICD E950-959 (as used in population trends 351)

and:

- (b) suicides and undetermined (from 1968 onwards only): as (a) above plus E980-E989, excluding E988.8 after 1978.

Charlton et al. (1992) point out that an understanding of how suicide deaths are certified is important in informing the choice of definition used:

- The Coroner investigates every case where violent or unnatural death is suspected, and sudden deaths of unknown cause. The verdicts that may be recorded are homicide, accidental death, suicide, and open verdict. A verdict of suicide should only be recorded if there is clear evidence that the injury was self-inflicted and that the deceased intended to kill him/herself. If there is any doubt about the intentions of the deceased either an accidental or an open verdict should be recorded. (p. 6)

OPCS has, since 1979, used ICD E988.8 in non-transport cases where someone has been charged with an offence in relation to the death, or where police investigations are ongoing. Transport-related incidents are initially recorded as traffic accidents.

Charlton et al. (1992) point out that a reliance on recorded suicides leads to some under-recording of suicide deaths, and that it seems likely that most open verdicts returned on adults are in fact cases of suicide that were not proven. This is supported by the fact that the trends for recorded suicide and suicide and undetermined deaths have followed a similar pattern (Charlton et al., 1992). Platt et al. (1988) have shown that the main difference between open verdicts and recorded suicides, in the community, is the method of killing, with passive methods (e.g. drowning) being less likely to receive a suicide verdict.

In line with Charlton et al. (1992) definition (b) has been adopted in this paper in order to include deaths, the majority of which would be suicides. This definition is also in line with the definition adopted by the Suicide Awareness Support Unit for the Prison Service (SASU). This approach differs from previous studies into prison suicides where definition (a) has been adopted (Topp, 1979; Dooley, 1990; Bogue and Power, 1995).

For the years 1988–95 the proportion of suicides and undetermined deaths recorded as suicide verdicts for men ranged from 58% to 84% (McHugh and Towl, 1997). For women from 1988 to 1996 the overall rate was 27% (Towl and Fleming, 1997).

A number of researchers have identified background factors which may increase the risk of suicide. For example, a disrupted family background, a family history of suicide, drug and alcohol addiction, failure at school, unemployment and depression (Diekstra and Hawton, 1987; VanEgmond and Diekstra, 1989). One of the most striking features of such factors is how closely they reflect many of the social factors identified in prospective studies of criminal careers (e.g. Farrington, 1993) as being associated with prisoner populations (Towl and Crighton, 1996). In this sense prisoners may include a disproportionately large number of individuals who may be at a higher risk of suicide than average. Unemployment may be a particularly strong factor in increasing the risk of suicide (Moser et al, 1984, 1990; Platt and Kreitman, 1984). Interestingly, two recent studies indicate that the unemployment rates



Table 1: Rate of self-inflicted deaths by sentence length, for sentenced male prisoners			
Sentence length	Number of deaths	Average daily population 1988-95	Rate per 100 000, average daily population (ADP) per year
Up to and including 6 months	11	3761	38
> 6 months up to and including 12 months	9	3759	31
> 12 months up to and including 18 months	11	3436	41
> 18 months up to and including 36 months	39	8262	61
> 36 months up to and including 48 months	16	3468	60
> 48 months up to and including 60 months	13	2642	63
> 60 months excluding life sentences	40	6917	75
Life sentences	39	2834	178

immediately prior to imprisonment are very high. Dexter and Towl (1995) and Jones (1996) report rates of 77% and 76% respectively. This perhaps highlights the potential importance of constructive supervised employment for prisoners either in a job or in education whilst in custody (Towl and Hudson, 1997).

Two limitations to a number of studies on suicide are striking. First, studies are often based on small sample sizes (e.g. Dexter and Towl, 1995). Second, studies are sometimes based simply on one population sub-group, such as young offenders (e.g. Liebling, 1992). Both of these potential limitations may result in an over-generalization of results. They are limitations we have sought to avoid.

## Method

We examined all cases of self-inflicted death recorded by the Prison Service Suicide Awareness Support Unit from 5 February 1988 to 5 November 1995. Of the sample, 369 were men and 8 were women. For the men 181 were sentenced and 188 were on remand; for the women 5 were sentenced and 3 were on remand. The average age of the sample was 29.5 years. We tabulated the rates of self-inflicted deaths for sentenced prisoners in eight different sentence lengths and examined separately data for prisoners remanded into prison custody. We also tabulated suicide rates in eight different age bands.

## Results

### *Sentence, status and location*

Broadly, the results from Table 1 seem to suggest that the greater the sentence length the greater the tendency for an increased risk of suicide. Life-sentenced

Table 2: Rates of self-inflicted deaths for male remand prisoners			
Remand prisoners	Number of deaths	Average population 1988-95	Rate per 100 000 per year
Number of deaths by ADP	191	10 372	238
Number of deaths by receptions	191	63 562 <sup>1</sup>	39
Figures for remand receptions are corrected to allow for double counting. Figures for receptions refer to the period 1991-95. Prior to 1991 this information was not calculated by the Home Office.			

prisoners appear to be at an appreciably higher risk of suicide than determinate-sentenced prisoners.

The data in Table 2 powerfully illustrate the effects of the method of measurement used when calculating suicide rates amongst remand prisoners. Thus when rates are calculated for remand prisoners using the average daily populations (ADP) the rate per 100 000 prisoners appears very high. However, when the rates are calculated using the number of deaths by remand reception numbers into the prison the rates are markedly lower (i.e. 39 per 100 000). This compares with rates for determinate sentenced prisoners of between 31 and 75 per 100 000 ADP and an overall rate of 31 per 100 000 sentenced receptions per annum. The data suggest that remand prisoners are at a risk of suicide similar to those given short determinate sentences (under 18 months) and are at a lower level of risk than those given longer or indeterminate sentences.

Taken together Tables 1 and 2 perhaps provide some evidence to support the view that remand status as an individual marker for an increased risk of suicide has perhaps been overemphasized (e.g. Towl, 1996).

### *The prison environment*

The different functions of the various categories of prison establishment are reflected in their regimes. For example, in local/remand prisons there is a high 'throughput rate' amongst prisoners from, and to, the courts, and to other prisons. Such 'throughput rates' tend to be lower in other Prison Service establishments. This is likely to be an important factor to consider when attempting to understand suicide in prisons. The majority of deaths (65%) occurred in local/remand prisons, with much lower rates being seen in category C training prisons (10%), youth custody centres (9%) and dispersal and category B training prisons (both 8%).

In 71% of cases death occurred whilst the individual was located in a single cell, compared with 23% located in shared cells. In 7% of cases this information was not recorded. There were no recorded cases where death occurred whilst an individual was located in a ward setting in prison.



Table 3: Self-inflicted deaths by age 1988–95, male sentenced and remand prisoners			
Age	Number of deaths recorded 1988–95	ADP 1988–95 <sup>1</sup>	Rate per 100 000 ADP per year
15–17 years	15	810	239
18–20 years	43	4215	132
21–24 years	66	7546	113
25–29 years	95	7772	158
30–39 years	93	8477	142
40–49 years	39	3843	131
50–59 years	15	1458	133
60+ years	3	428	90
Until 1989 national Prison Service data were collected for 14–16 years and 17–20 years. Therefore the ADP figures for these groups relate to the period 1990–95.			

### Age

Table 3 gives the suicide rate per 100 000 ADP by age group. This gives an opportunity to test the hypothesis that younger age groups (e.g. 15–24 years) will be over-represented in the figures for prison suicides. Whereas there appears to be some evidence to support this hypothesis in the juvenile group (i.e. 15–17 years) younger age groups in general do not appear to be over-represented in the figures. From our data we reject the hypothesis that younger age groups will be over-represented in the suicide figures; they are not. This was also evident in our earlier findings examining suicide data in prisons for the periods 1988–90 and 1994–95 (Crighton and Towl, 1997).

### Discussion

The first modern study of prison suicides in the UK by Topp (1979) reviewed a sample of 186 deaths in custody between 1958 and 1971. For this period Topp reported a general decline in the suicide rate from around 60 to around 40 per 100 000 ADP.

Dooley (1990) studied the period 1972–87. Comparing two three-year periods (1972–75 and 1984–87) Dooley reported a 121% increase in the number of suicides and an 81% increase in the rate per 100 000 ADP. Therefore the increase reported by Dooley was not simply a facet of the growth of the prison population.

Dooley also reported that remand prisoners and those serving very long sentences (over 10 years and life) were at greatly increased risk of suicide. However, Dooley suggested that the increased risk for remand prisoners might to a large extent be attributable to a much faster growth in the remand population which increased by 165% compared with a 22% increase for the prison population as a whole.



Bogue and Power (1995) conducted a study of suicides in Scottish prisons and concluded that remand prisoners were at a higher risk of suicide as a proportion of ADP. They suggested that this might be a facet of the much higher turnover of remand prisoners resulting in a larger number of individuals being placed at increased risk of suicide.

This study follows on logically from the earlier studies conducted in England and Wales (Topp, 1979; Dooley, 1990), but draws upon the more detailed data available since 1988.

It is important when attempting to understand suicide to be aware of the social context (Wilkinson, 1996). Various features of particular prison regimes may effectively serve to increase or decrease the risk of suicide for individual prisoners (Dexter and Towl, 1995).

## Conclusions

The remand status of suicidal prisoners has perhaps been overemphasized in previous research. The first two months or so within a prison appears to be of more significance to individual cases than status (i.e. remand or sentenced). This position is supported by research in Scotland (Bogue and Power, 1995) and England and Wales (Crighton and Towl, 1997).

These results call into question the notion that the relatively young age groups which are over-represented in prison populations will serve to contribute to inflated suicide rates, based on the premise that the young will be especially vulnerable to suicide. It is perhaps worth noting that the Prison Service defines a young person as being up to 21 years of age. This differs from community studies which tend to define a young person as being up to 24 years. This study suggests that very young prisoners (i.e. 15–17 years) may be at increased risk of suicide. With the exception of this group, it is evident that the distribution of suicide is similar to the distribution of age groups held in prison. The notion that young people are over-represented is not supported by the data.

Environmental factors such as aspects of the organization of regimes are liable to have a significant impact on suicide rates in prisons. Support for this is evident in the finding that two-thirds of suicides for the period of study occurred in local/remand prisons. There is a lack of research into the specific effects of high throughput rates. However, it seems likely that a number of factors might be implicated, including the transience of the population being held. High throughput within an establishment is also likely to lead to a greater need to relocate individuals. This is liable to disrupt social contacts and increase uncertainty amongst both staff and prisoners. Perhaps most importantly, we suggest that as the transience of a population increases then the full development of positive staff–prisoner relationships will become progressively more difficult to develop and maintain.

Other studies have identified factors which may impact on suicide rates within regimes (Dexter and Towl, 1995; Jones, 1996). In both studies positive

and constructive staff attitudes towards prisoners at risk of suicide seemed to be particularly significant. The importance of staff attitudes in suicide prevention has been highlighted and reflected in studies of staff training programmes (Lang et al., 1989; Cutler et al., 1997).

### Future research directions

The continued, and recently further improved, data collection on individual cases of suicide in prisons by the Suicide Awareness Support Unit in the English service forms a developing data set to inform our understanding about suicide in prisons.

Two themes for future research might be the exploration of 'protective factors', i.e. factors which reduce the risk of suicide and sex differences in suicidal behaviour. Related to these themes there is a clear need to examine in more detail environmental factors which play a significant role in influencing suicidal behaviour, for example prison regimes and prisoners' social networks.

In the current Suicide Awareness Support Unit guidelines, self-injury and suicide are managed within the same basic framework. We feel that the relationship between self-injury and suicide requires further examination, to help further inform future policies and practices.

### References

- Bogue J, Power K (1995) Suicide in Scottish Prisons 1976-1993. *Journal of Forensic Psychiatry* 6: 527-40.
- Bulusu I, Alderson M (1984) Suicides 1950-82. *Population Trends* 35: 11-17. London: HMSO.
- Charlton J, Kelly S, Dunnell K, Evans B, Jenkins R, Wallis R (1992) Suicide deaths in England and Wales: trends in factors associated with suicide deaths. Reprinted in Jenkins R, Griffiths S, Wylie I eds. *The Prevention of Suicide*. London: Department of Health.
- Crighton DA, Towl GJ (1997) Self-inflicted deaths in England and Wales 1988-1990, and 1994-95. In Towl GJ ed. *Suicide and Self-Injury in Prisons, Issues in Criminological & Legal Psychology*, 28. Leicester: British Psychological Society.
- Cutler J, Bailey JE, Dexter P (1997) Suicide awareness training for prison staff: an evaluation. In Towl GJ ed. *Suicide and Self-Injury in Prisons, Issues in Criminological & Legal Psychology*, 28. Leicester: British Psychological Society.
- Dexter P, Towl GJ (1995) An investigation into suicide behaviour in prisons. In Clark NK, Stephenson G eds. *Criminal Behaviour: Perceptions, Attributions, and Rationalities, Issues in Criminological & Legal Psychology*, 22. Leicester: British Psychological Society.
- Diekstra RFW, Hawton K (eds) (1987) *Suicide in Adolescence*. Dordrecht: Martinus Nijhoff.
- Dooley E (1990) Prison suicide in England and Wales, 1972-87. *British Journal of Psychiatry* 156: 40-5.
- Farrington DP (1993) The challenge of teenage anti-social behaviour. Paper prepared for the Martach Castle Conference on 'Youth in the Year 2000'.
- Home Office (1988) *Prison Statistics England and Wales 1988*. House of Commons Command Paper Cm. 825. London: Home Office.
- Home Office (1989) *Prison Statistics England and Wales 1989*. House of Commons Command Paper Cm. 1221. London: Home Office.



- Home Office (1990) *Prison Statistics England and Wales 1990*. House of Commons Command Paper Cm. 1800. London: Home Office.
- Home Office (1991) *Prison Statistics England and Wales 1991*. House of Commons Command Paper Cm. 2157. London: Home Office.
- Home Office (1992) *Prison Statistics England and Wales 1992*. House of Commons Command Paper Cm. 2581. London: Home Office.
- Home Office (1993) *Prison Statistics England and Wales 1993*. House of Commons Command Paper Cm. 2893. London: Home Office.
- Home Office (1994) *Prison Statistics England and Wales 1994*. House of Commons Command Paper Cm. 3087. London: Home Office.
- Home Office (1995) *Prison Statistics England and Wales 1995*. House of Commons Command Paper Cm. 3355. London: Home Office.
- Jones NL (1996) An empirical study of suicidal behaviour in prisons, unpublished MSc thesis, University of London.
- Lang WA, Ramsey RE, Tanney BL, Tierney RJ (1989) Caregiver attitudes in suicide prevention. In Diekstra RFW et al. eds. *Suicide and its Prevention*. Leiden: E.J.Brill.
- Leibling A (1992) *Suicide in Prisons*. London: Routledge.
- McHugh MJ, Towl GJ (1997) Organisational reactions and reflections on suicide and self-injury. In Towl GJ ed. *Suicide and Self-Injury in Prisons, Issues in Criminological & Legal Psychology*, 28. Leicester: British Psychological Society.
- Moser KA, Fox AJ, Jones DR (1984) Unemployment and mortality in the OPCS Longitudinal Study. *Lancet* ii: 1324-8.
- Moser KA, Goldblatt P, Fox AJ, Jones DR (1990) Unemployment and mortality. In Goldblatt P ed. *Longitudinal Study 1971-81: Mortality and Social Organisation*, OPCS LS Series. London: HMSO.
- Platt S, Backett S, Kreitman N (1988) Social constructions or causal ascription: distinguishing suicide from undetermined deaths. *Social Psychiatry & Psychiatric Epidemiology* 23: 217-22. [Quoted in Jenkins R, Griffiths S, Wylie I, Hawton K, Morgan G, Tylee A (eds) (1994) *The Prevention of Suicide*. London: Department of Health.]
- Platt S, Kreitman N (1984) Unemployment and parasuicide in Edinburgh 1968-82. *British Medical Journal* 289: 1029-32.
- Topp DO (1979) Suicide in prison. *British Journal of Psychiatry* 134: 24-7.
- Towl GJ (1996) Homicide and suicide, risk assessment in prisons. *The Psychologist*, September.
- Towl GJ, Crighton DA (1996) *The Handbook of Psychology for Forensic Practitioners*. London: Routledge.
- Towl GJ, Fleming C (1997) Self inflicted deaths of women prisoners. *Forensic Update* 51: 5-8.
- Towl GJ, Hudson DI (1997) Risk assessment and management. In Towl GJ ed. *Suicide and Self-Injury in Prisons, Issues in Criminological & Legal Psychology*, 28. Leicester: British Psychological Society.
- VanEgmond D, Diekstra RFW (1989) The predictability of suicidal behaviour. In Diekstra RFW et al. eds. *Suicide and its Prevention*. Leiden: E.J.Brill.
- Wilkinson R (1996) *Unhealthy Societies, The Afflictions of Inequality*. London: Routledge.
- World Health Organization (1948) Official Record of the World Health Organization 1948, 11: 23. [Quoted in: *International Classification of Diseases*, manual of the international statistical classification of diseases, injuries and causes of death (9th Revision). Geneva: World Health Organization.]
- World Health Organization (1955) Report of the International Conference for the 7th revision of the international lists of diseases and causes of death. Unpublished document WHO/HS/7 Rev. Conf./ 17 Rev. 1.
- World Health Organization (1965) Report of the International Conference for the 8th revision



of the international classification of diseases and causes of death. Unpublished document WHO/HS/8 Rev. Conf./ 11.65.

World Health Organization (1977). International Classification of Diseases, manual of the international statistical classification of diseases, injuries and causes of death (9th Revision). Geneva: World Health Organization.

Address correspondence to: Dr David Crighton, Area Forensic Psychologist, Area Forensic Services, Broadway House, Sunderland SR4 899, UK.

6.11 Towl, G. J. & Crighton, D. A. (1997) Risk Assessment with  
Offenders. *International Review of Psychiatry*, 9, 187-93.

## **Risk assessment with offenders**

**GRAHAM J. TOWL<sup>1</sup> & DAVID A. CRIGHTON<sup>2</sup>**

<sup>1</sup>*Prison Service, and University of Cambridge, & <sup>2</sup>Wearside Health Care, and University of Newcastle, UK*

### **Summary**

*In the 1990s there has been renewed interest in risk assessment with offenders. It is important to distinguish between terms such as dangerousness, prediction and risk assessment. It is particularly difficult to estimate the probability of occurrence for behaviours with low base rates, such as homicide and suicide. A generic framework for risk assessment is outlined. Risk factors associated with suicide amongst offenders are examined. Homicide is used as an exemplar for the risk assessment framework. The need for theory led risk assessments to inform risk management and review strategies are emphasized.*

In the 1990s there has been renewed interest in risk assessment with offenders (e.g. Kemshall, 1995; 1996; Prins, 1995; Tallant & Strachan, 1995). Risk is variously expressed in terms of their perceived 'dangers' to the public (e.g. H M Inspectorate of Probation, 1995), of self-injury (e.g. amongst young men, Livingston, 1997; amongst women, Snow, 1997) and of suicide (Crighton & Towl, 1996). The manifold conceptual and clinical problems associated with risk assessment work have received much comment (e.g. Monahan, 1981; Monahan & Steadman, 1994).

In this paper focus is on two broad behavioural categories—homicide and suicide—commonly associated with work on risk assessment amongst forensic practitioners and researchers. Conceptually, in terms of risk assessment, homicide and suicide share at least two common features. Both are comparatively rare events, and both are irreversible (Towl, 1996).

### **Dangerousness**

Considerable concern has been expressed about the

use and misuse of the term 'dangerousness' (e.g. Floud & Young, 1981; Murray, 1989). The term easily lends itself to the notion that people are dangerous or they are not. The assumption that 'risk' is usefully construed as a dichotomous rather than continuous variable is fallacious (Towl, 1996). Also the term is very vague. It is a term still in use (e.g. Hinton, 1983; Walker 1996), and some authors appear to conflate their use of 'dangerousness' and 'risk' (e.g. Webster *et al.*, 1995). Most in the field, however, prefer not to use it at least as a description of a person.

### **Prediction**

It is important to distinguish between the act of predicting a specified outcome e.g. reconviction using actuarial data, and the act of estimating the probability of the outcome occurring for an individual. The former characterizes prediction studies, the latter risk assessment. Useful further actuarial data can be gleaned from prediction studies, which may help inform the risk assessment process both in terms of policy and practice. However, 'risk assessment' is a dynamic process, and actuarial models are of least utility when informing decision-making about rare events (Towl, 1996; Towl & Crighton, 1995).

---

Correspondence to: Graham Towl, Head of Forensic Psychology, HM Prison Highpoint, Stradishall, Newmarket, Suffolk CB8 9YG, UK.



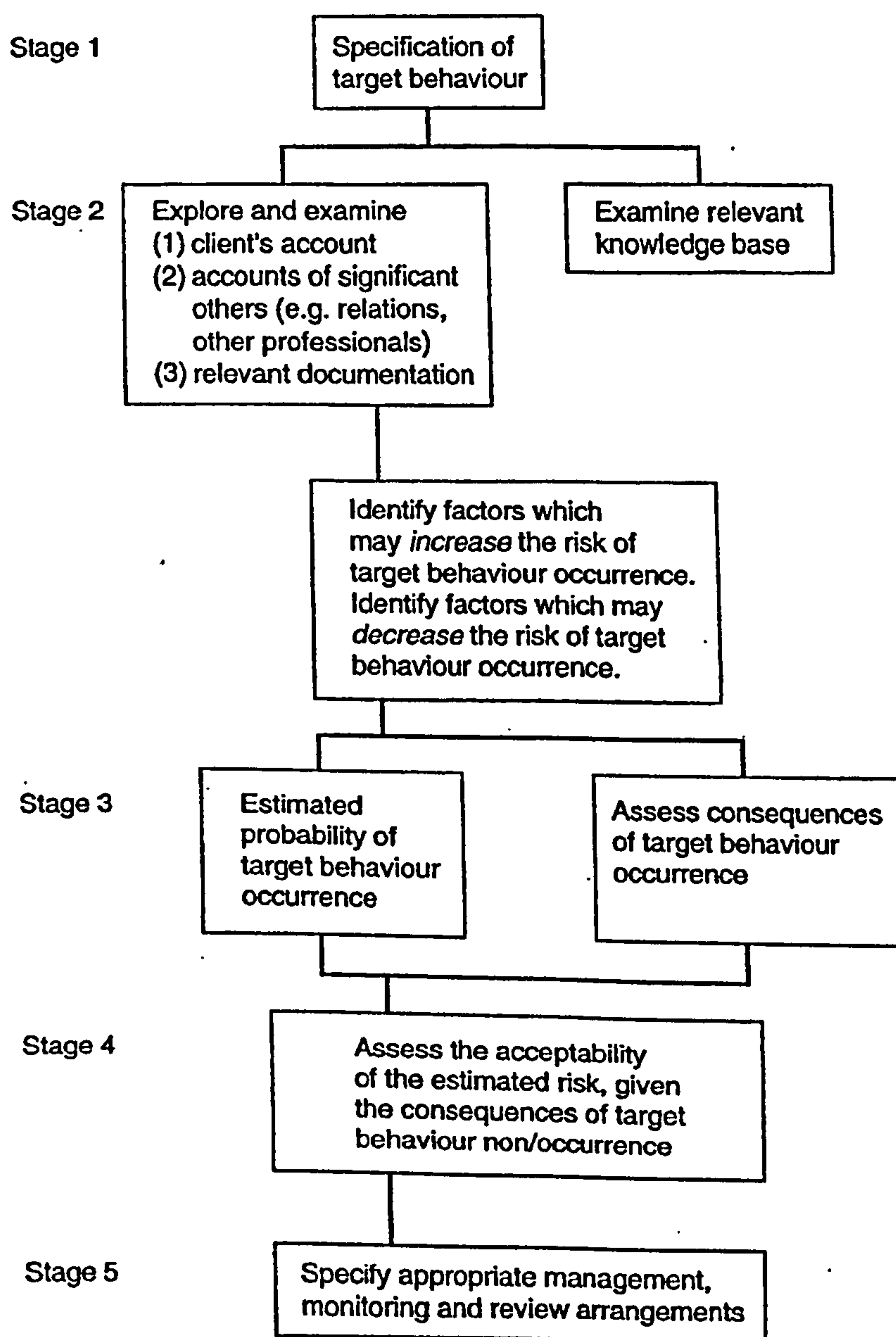


Figure 1. *A practitioner's framework for risk assessment (Towl & Crighton, 1996, reproduced by permission of Routledge)*

### Risk assessment

Risk assessments involve, essentially, two components: (1) the estimation of the likelihood of a specified (usually undesirable) event occurring; (2) a judgement about the *acceptability* of the level of risk estimated. The consequences of the target event occurring (or not), are an integral part of this process. The two components are reflected in the five-stage model outlined in Figure 1.

This generic framework is intended to assist in the structuring of risk assessments. What follows

tests its application to limiting risk of suicide and homicide.

### Suicide

#### Definitional issues

Suicide is notoriously difficult to define adequately. Common ground, with some exceptions, e.g. Fairbairn (1995), is that it is self-inflicted death; but there remains considerable debate and doubt about the type or degree of intentionality necessary. A coroner's verdict requires a clear statement of inten-

tionality, and some researchers use only this (e.g. Bogue & Power, 1995); others have broadened this distinction (e.g. Crighton & Towl, 1996) to include records of death by misadventure, accidental death and open verdicts.

#### *Examining the knowledge base*

Recorded rates of suicide vary considerably cross-culturally from between 3 to 45 persons a year per 100,000 of the population (Diekstra & Hawton, 1987). Since the mid 1960s the risk of suicide amongst younger age groups in the UK has significantly increased (Morgan & Owen, 1990). A number of social characteristics of those most at risk of suicide have been identified (Towl & Hudson, 1997). Diekstra and Hawton (1987) indicate that those at especially high risk of suicide are 'youngsters from disrupted families and from families with a history of suicide, drug and alcohol addiction, those who have failed at school, the unemployed and those suffering from depression' (Diekstra & Hawton, 1987). Economic deprivation is associated with poor physical and mental health. The unemployed are significantly over-represented in suicide figures (Moser *et al.*, 1984; 1990). Indeed, it is evident that perhaps too much emphasis has been given to the suicide rates, albeit inflated, amongst professional groups (Central Statistical Office, 1996) when compared with the unemployed, who appear to have significantly higher rates of suicide than professional occupational groups. Recent research in prisons indicates that rates of unemployment prior to imprisonment are especially high amongst those identified as being at an increased risk of contemplating and perhaps completing suicide (Jones, 1996); while other social and demographic characteristics, identified above, are mirrored in offender populations (Towl & Crighton, 1996). Similar 'risk factors' are also common amongst psychiatric patients (Appleby, 1992).

There are significant gender differences in completed suicide rates amongst prisoners, with men having far higher rates than women (Crighton & Towl, 1997)—the converse of self-injury patterns (Cullen 1985). There is some evidence that this difference is less pronounced amongst psychiatric populations (Allebeck & Wistedt, 1986; Appleby, 1992). The recent rise in suicides in prisons in England and Wales may be accounted for in terms of a rise in the rate of male suicides. Rates amongst women have remained remarkably constant

(Crighton & Towl, 1997). Links between suicide and self-injury remain unclear (Snow, 1997).

A number of commentators (e.g. Appleby, 1992) have stressed the importance of undertaking further research into examining 'protective' factors which may reduce the risk of suicide. This remains as one of the most potentially useful areas of further research.

#### *Acceptable levels of risk of suicide*

This section corresponds directly with stage four of the practitioner's framework. The notion of the acceptability, or otherwise, of a level of risk of suicide is a problem which has bedeviled both researchers and practitioners (McHugh & Towl, 1997). Ethical issues surrounding the management of the suicidal are by no means exclusive to the forensic field, however, suicides amongst incarcerated offenders, understandably attract a significant measure of public concern (Towl, 1994). A balance needs to be struck between an individual's liberty and his or her protection. The act of imprisonment (or hospitalization) may serve to increase the risk of suicide. Indeed, the first month of imprisonment (regardless of offender status) has been shown to be a period of high risk of suicide (Bogue & Power, 1995; Crighton & Towl, 1997).

It is imperative that when assessing the level of acceptability of the risk of suicide that the risk assessment is directly linked to the risk management plan. For example, various levels of monitoring may be used, in conjunction with attempts to help the offender in dealing with their distress.

#### **Homicide**

##### *Legal and definitional issues*

Within English law, homicide is the legal term for the lawful or unlawful killing of another person. As such there is no crime of 'homicide' (Williams, 1978). In common law, unlawful homicide is comprised of two crimes: murder and manslaughter. The distinction between them rests on the legal question of 'malice aforethought' and absence of mitigation for murder. Other forms of unlawful homicide have also been created by statute (e.g. diminished responsibility, infanticide, death by dangerous driving). Here the focus is on murder and voluntary manslaughter. This is not because the other types of homicide do not lead to concerns about the assessment of risk, quite the contrary. Offences such as manslaughter on the grounds of diminished responsibility, infanticide



and death by dangerous driving would, however, involve definitional work and discussion of risk assessment for homicide outwith the scope of this paper.

Since the abolition of the death penalty for murder, the mandatory penalty has been one of life imprisonment (Murder (Abolition of the death penalty) Act 1965). In the case of manslaughter in England and Wales, the courts have a lot of discretion in sentencing, but many receive a 'discretionary life sentence'. This section is concerned with those who have received life sentences. At present all life sentences are composed of a 'tariff' period, deemed to be the minimum period of imprisonment required to meet the requirements of punishment and retribution. On completion of this tariff, the release of such prisoners will then be primarily dependent on the assessed level of risk to others presented by the individual.

#### **Specifying the target behaviour (Stage 1)**

From the brief discussion of the definition of homicide above, it can be seen that the term is likely to encompass a wide range of behaviours with similar outcomes (i.e. the death of another person or persons). Even where consideration is restricted to the offences of murder and voluntary manslaughter, the precise features of the acts involved can vary greatly. For example, one offender may have previously committed a homicide as a means of avoiding detection after committing an offence of rape, another as an integral part of the offence. In many legal jurisdictions both of these offences would fall within a single categorization of murder. Both offences may clearly involve the deliberate taking of another person's life with 'malice aforethought', but each offence appears clearly distinct from the other on a number of psychological and behavioural variables. An accurate assessment of risk is therefore generally going to be heavily dependent upon detailed analysis, in turn stemming from a precise definition of the risk being assessed. This has generally not been achieved. Research studies of risk have measured estimates of 'dangerousness' against the criterion of subsequent violent offending (Otto, 1994). Given this lack of specificity in defining what is being assessed, it is perhaps not surprising that findings on the accuracy of such predictions have been disappointing.

#### **The knowledge base and offender assessment (Stage 2)**

A detailed account must be obtained from the offender of the events surrounding the behaviour of

concern. This may involve the use of a structured framework for such assessment, informed by research which has established correlates of homicide, for example functional analysis (Owens & Ashcroft, 1982). It is important also to stress the need to seek corroboration from other sources of the offender's account (Lingham, 1995). Offenders may distort or alter their accounts of events, consciously or unconsciously in turn making assessment of risk more difficult.

In the 1960s and 1970s, a profound pessimism developed about capacity to predict risk of renewed violence or offending (e.g. Ennis & Litwack, 1974; Hakeem, 1961; Monahan, 1981). But Monahan (1984) together with others (Monahan & Steadman, 1994), suggests some guiding principles for future progress. Menzies and Webster (1995), in line with earlier studies, found low levels of predictive accuracy for professional assessments of risk in a six-year follow-up of forensic patients. However, they also report a broad range in terms of the accuracy of predictions between individual assessors. These ranged from predictions well below chance levels to those which were well above chance levels.

Specifying factors which may serve to increase a specified risk, and factors which may serve to decrease that risk, should allow better focus and thus better prediction; but also offer clearer targets for measurement and monitoring (Towl & Crighton, 1996). If, for example, an offender killed a consenting sexual partner to increase his own sexual arousal, an important specific risk factor would be in sexual arousal mechanisms. Continued reporting of sadistic sexual fantasies might be seen as increasing future risk (Abel & Rouleau, 1990); but evidence of decreased sexual response to such fantasies following intervention (for example as measured by penile plethysmography) might suggest some decrease in risk (Barbaree, 1990; Quinsey & Earls, 1990). We would argue that such an analysis is central to effective risk assessment and later risk management. Explication of these 'factors' will also serve to increase the transparency of the process to those making the assessment and to others. This is likely to make the identification of any logical weaknesses in the assessment more easily identifiable, and, as outlined later, can link into the processes of monitoring and review.

#### **Probability of target behaviour and consequences (Stage 3)**

Researchers regularly claim to show that actuarial



approaches to risk assessment are better than unstructured 'clinical' assessments (e.g. Carroll, 1982; Holland *et al.*, 1983). There are several possible reasons why the 'clinical' approaches studied to date have performed poorly. The existence of clear and systematic biases in human cognition has been known for many years (Meehl, 1954, 1986). They have also been extensively researched (Kahneman & Tversky, 1973). What seems clear is that such biases are fundamental, pervasive and resistant to disconfirmatory evidence (Tversky & Kahneman, 1974). The paradigms involved in many of the empirical studies of the 'clinical' assessment are rarely clarified and these 'expert' opinions have then been evaluated against broad outcome criteria in a way which seems very likely to emphasize rather than reduce such cognitive biases. Further, Pawson and Tilley (1994) argued that existing approaches use an inappropriate scientific model, one which simply compares two random samples matched on one variable (e.g. the index offence). By analogy, this is an approach which treats social behaviour in the same way as simple mechanical events, such as two objects colliding. Here, if the inputs are known then the outputs can be derived by the application of relatively simple mathematical formulae. The assumption in such mechanical systems is that the same input will have, effectively, identical outputs, where conditions are controlled. Pawson and Tilley suggest that this simplistic scientific model does not hold true for social behaviours. It now also seems clear that within the physical sciences such simple models may only apply to a small group of linear events—the vast majority of non-linear and complex systems observed in the world cannot be accommodated within such a model (Campbell *et al.*, 1985; Gleik, 1987).

Purely actuarial approaches are most effective (i.e. accurate in predicting beyond chance levels) where the base rate for recidivism is around 50% or above (see Meehl & Rosen, 1955). As the base rate reduces, then to be efficient actuarial predictors must show ever higher associations with the criterion being used (Curtis, 1971). For low base rate events, such as homicide, this association would need to be much higher than those achieved.

Given the difficulties inherent in using actuarial approaches to risk assessment, the case of events with low base rates (Copas, 1982; Farrington & Tarling, 1985; Towl & Crighton, 1996; Ward, 1987), and given that 'clinical' estimates of risk may have had an unduly bad press, reliance on 'clinical' estimates of risk for homicide seems inevitable.

#### *The consequences of error*

When the risk is assessment of homicide, the consequences of error are grave indeed. Around 1% of those released on life licence between 1972 and 1989 (the majority of whom are convicted of murder) were subsequently convicted for repeat of murder or manslaughter. This figure is slightly lower than that for those released from comparable hospital orders in the UK (Home Office, 1993). In total 3% went on to be convicted for 'grave' offences at five-year follow-up (Home Office, 1993). What is not known are the number of offenders who do similar things without being convicted, nor how many offenders go on being detained on the grounds that they are assessed as being of too high a risk of grave offending, when in fact they would not have reoffended in this way.

#### *Acceptability of risks (Stage 4)*

The acceptability of risk in the case of those serving life sentences rests on the striking of a balance between the rights of citizens to be protected from avoidable harm, weighed against the rights of those who have committed such offences (Coker & Martin, 1985). The duty of striking this balance falls on the state. As such, the question of what level of risk is acceptable in these cases is both moral and political rather than scientific. Such decisions rest initially with the parole board (see also this issue) and ultimately, in the UK, with elected politicians. Where such decisions are made by the parole board, they will always involve formal consideration of risk including 'expert' opinions on this.

#### *Monitoring and review (Stage 5)*

Bailey (1995), in a detailed review of those recalled under life licences, draws attention to the considerable scope for improving monitoring and review procedures. Given the research which suggests the greater accuracy of time limited predictions (see Monahan, 1981), this is possibly one area with great scope for development. It seems highly unlikely that any risk assessment, however good, will be robust in all circumstances and over an unlimited time span (Towl & Crighton, 1996). This is analogous to the notion that because a car is acceptably safe to drive today it will be acceptably safe to drive tomorrow. Most of us would accept this type of risk assessment. However, as the time span increased it would become increasingly important to have information on the vehicle's maintenance and safety checks. We might also want



to know if the vehicle had been damaged in some way. Few of us (we hope) would accept the notion that the car would be safe to drive five years hence, regardless of intervening events. Curiously it is exactly this kind of logic which often appears to be involved in many 'clinical' assessments of risk.

The second stage of the model for assessing risk outlined seeks to make explicit for each individual the areas which may increase or decrease risk. In turn, these are likely to provide indicators for monitoring. Offenders, for example, for whom alcohol abuse was implicated in their offence(s) may need monitoring for the development of patterns of abuse. This approach also fits well with current models of cognitive-behavioural interventions (e.g. Pithers *et al.*, 1983).

### Conclusions

1. It is important to distinguish between risk assessment, prediction and 'dangerousness'.
2. A generic framework may be used to inform risk assessments.
3. Homicides and suicides are grave events with low base rates.
4. Offenders as a group have comparatively high rates of suicide.
5. Homicide and suicide cover a very broad range of behaviours; assessment of risk for such acts must take account of this using thorough analysis of the offender's account of events, corroborative evidence and the monitoring of behaviour and its relationship to change in the offender and his or her environment over time.

### References

- ABEL, G. G. & ROULEAU, J. L. (1990). The nature and extent of sexual assault. In: W. L. MARSHALL, D. R. LAWS & H. E. BARBAREE (Eds), *Handbook of sexual assault: issues, theories and treatment of the offender*. New York: Plenum Press.
- ALLEBECK, P. & WISTEDT, B. (1986). Mortality in schizophrenia. A ten-year follow-up based on the Stockholm County in-patient register. *Archives of General Psychiatry*, 43, 650-653.
- APPLEBY, L. (1992) Suicide in psychiatric patients: risk and prevention. *British Journal of Psychiatry*, 161, 749-758.
- BAILEY, J. E. (1995). The revocation of life licences: an investigation into the reasons for recall. Unpublished MSc thesis. Birkbeck College, University of London.
- BARBAREE, H. E. (1990). Stimulus control of sexual arousal: its role in sexual assault. In: W. L. MARSHALL, D. R. LAWS & H. E. BARBAREE (Eds), *Handbook of sexual assault: issues, theories and treatment of the offender*. New York: Plenum Press.
- BOGUE, J. & POWER, K. (1995). Suicide in Scottish prisons, 1976-93. *Journal of Forensic Psychiatry*, 6, 527-540.
- CAMPBELL, D., CRUTCHFIELD, J. P., FARMER, J. D. & JEN, E. (1985). Experimental mathematics: the role of computation in non-linear science. *Communications of the Association for Computing Machinery*, 28, 374-384.
- CARROLL, J. S. (1982). Committing a crime: the offenders decision. In V. J. KONECNI & E. EBBESON (Eds), *The criminal justice system: a social-psychological analysis*. San Francisco: Freeman.
- CENTRAL STATISTICAL OFFICE (1996). *Social Trends*. London: HMSO.
- COKER, J. B. & MARTIN, J. P. (1985). *Licensed to live*. Oxford: Basil Blackwell.
- COPAS, J. B. (1982). Statistical analysis for the redevelopment of the reconviction prediction score. Unpublished paper, University of Warwick.
- CRIGHTON, D. A. & TOWL, G. J. (1997). Self-inflicted deaths in prisons in England and Wales: an analysis of the data for 1988-90 and 1994-95. In: G. J. TOWL (Ed.), *Suicide and self injury in prisons*. Leicester: DCLP British Psychological Society.
- CULLEN, J. E. (1985). Prediction and treatment of self-injury by female offenders. In: D. P. FARRINGTON & R. TARLING (Eds), *Prediction in criminology*. Albany: State University of New York Press.
- CURTIS, E. W. (1971). Predictive value compared to predictive validity. *American Psychologist*, 26, 908-914.
- DIEKSTRA, R. F. W. & HAWTON, K. (Eds) (1987). *Suicide in adolescence*. Dordrecht: Martinus Nijhoff Publishers.
- ENNIS, B. J. & LITWACK, T. R. (1974). Psychiatry and the presumption of expertise. Flipping coins in the courtroom. *California Law Review*, 62, 694-753.
- FAIRBAIRN, G. J. (1995). *Contemplating Suicide*. London: Routledge.
- FARRINGTON, D. P. & TARLING, R. (1985). Criminological prediction: an introduction. In: D. P. FARRINGTON & R. TARLING (Eds), *Prediction in criminology*. Albany: State University of New York Press.
- FLOUD, J. & YOUNG, W. (1981). *Dangerousness and criminal justice*. London: Heinemann Educational Books.
- GLEIK, J. (1987). *Chaos: making a new science*. New York: William Heinemann Ltd.
- HAKHEEM, M. (1961). Prediction of parole outcomes from summaries of case histories. *Journal of Criminal Law and Police Science*, 52, 145-150.
- HINTON, J. W. (1983). *Dangerousness: problems of assessment and prediction*. London: George Allen and Unwin.
- HOLLAND, T. R., HOLT, N., LEVI, M. & BECKETT, G. E. (1983). Comparison and combination of clinical and statistical predictions of recidivism among adult offenders. *Journal of Applied Psychology*, 68, 203-211.
- H M INSPECTORATE OF PROBATION (1995). *Dealing with dangerous people. The Probation Service and public protection*. Crown Copyright, London.
- HOME OFFICE (1993). *Life licensees and restricted patients' reconvictions: England & Wales 1991*. Research and Statistics Department. London: HMSO.



- JONES, N. L. (1996). An empirical study of suicidal ideation and behaviour amongst prisoners. Unpublished MSc dissertation, University of London.
- KAHNEMAN, D. & TVERSKY, A. (1973). On the psychology of prediction. *Psychological Review*, 80, 237-251.
- KEMSHALL, H. (1995). Risk in probation practice: the hazards and dangers of supervision. *Probation Journal*, 42, 67-72.
- KEMSHALL, H. (1996). Risk assessment: fuzzy thinking or 'decisions in action'? *Probation Journal*, 43.
- LINGHAM, R. (1995). *Mental health and risk management*. Symposium presented at the Institute for the Study of Delinquency annual conference, University of Nottingham, April.
- LIVINGSTON, M. (1997). A review of the literature on self-injurious behaviour amongst prisoners, In: G. J. TOWL (Ed.), *Suicide and self injury in prisons*. Leicester: DCLP British Psychological Society.
- MCHUGH, M. & TOWL, G. J. (1997). Organisational reactions and reflections on suicide and self-injury. In: G. J. TOWL (Ed.), *Suicide and self injury in prisons*. Leicester: DCLP British Psychological Society.
- MEEHL, P. E. (1954). *Clinical versus statistical prediction*. Minneapolis: University of Minnesota Press.
- MEEHL, P. E. (1986). Causes and effects of my disturbing little book. *Journal of Personality Assessment*, 50, 370-375.
- MEEHL, P. E. & ROSEN, A. (1955). Antecedent probability and the efficiency of psychometric signs, patterns or cutting scores. *Psychological Bulletin*, 52, 194-216.
- MENZIES, R. & WEBSTER, C. D. (1995). Construction and validation of risk assessments in a six-year follow up of forensic patients: a tridimensional analysis. *Journal of Consulting and Clinical Psychology*, 63, 766-778.
- MONAHAN, J. (1981). *Predicting violent behaviour: an assessment of clinical techniques*. Beverley Hills, CA: Sage.
- MONAHAN, J. (1984). The prediction of violent behaviour: toward a second generation of theory and polyc. *American Journal of Psychiatry*, 141, 10-15.
- MONAHAN, J. & STEADMAN, H. J. (1994). *Violence and mental disorder: developments in risk assessment*. Chicago: Chicago University Press.
- MORGAN, H. G. & OWEN, J. H. (1990). *Persons at risk of suicide. Guidelines on good clinical practice*. Nottingham: Boots PLC.
- MOSER, K. A., FOX, A. J. & JONES, D. R. (1984). Unemployment and mortality in the OPCS longitudinal study. *Lancet*, ii, 1324-1328.
- MOSER, K. A., GOLDBLAT, P., FOX, A. J. & JONES, D. R. (1990). Unemployment and mortality. In: P. GOLDBLAT (Ed.), *Longitudinal study 1971-81: mortality and social organisation*. OPCS LS Series. London: HMSO.
- MURRAY, D. J. (1989). *Review of research on re-offending of mentally disordered offenders*. Research and Planning Unit, Paper 55. Home Office, London.
- OTTO, R. K. (1994). Assessments of dangerousness: legal, research and clinical developments. *Administration and Policy in Mental Health*, 21, 361-377.
- OWENS, G. & ASHCROFT, J. B. (1982). Functional analysis in applied psychology. *British Journal of Clinical Psychology*, 21, 181-189.
- PAWSON, R. & TILLEY, N. (1994). What works in evaluation research? *British Journal of Criminology*, 34, 291-306.
- PITHERS, W. D., MARQUES, J. K., GIBAT, C. C. & MARLATT, G. A. (1983). Relapse prevention with sexual aggressives: a self-control model of treatment and maintenance of change. In: J. G. GREER & I. R. STUART (Eds), *The sexual aggressor: current perspectives on treatment*. New York: Van Nostrand Reinhold.
- PRINS, H. (1995). Risk assessment: seven sins of omission. *Probation Journal*, 42, 199-201.
- QUINSEY, V. L. & EARLS, C. M. (1990). The modification of sexual preference. In: W. L. MARSHALL, D. R. LAWS & H. E. BARBAREE (Eds), *Handbook of sexual assault: issues, theories and treatment of the offender*. New York: Plenum Press.
- SNOW, L. (1997). A pilot study of self-injury amongst women prisoners. In: G. J. TOWL (Ed.), *Suicide and self injury in prisons*. Leicester: DCLP British Psychological Society.
- TALLANT, C. & STRACHAN, R. (1995) The importance of framing: A pragmatic approach to risk assessment. *Probation Journal*, 42, 202-207.
- TOWL, G. J. (1994). Ethical issues in forensic psychology, *Forensic Update*, 39, 23-26. Division of Criminological and Legal Psychology, BPS, Leicester.
- TOWL, G. J. (1996). Homicide and suicide: assessing risk in prisons. *The Psychologist*, 9, 398-400.
- TOWL, G. J. (Ed.) (1997). *Suicide and self injury in prisons*. Leicester: DCLP British Psychological Society.
- TOWL, G. J. & CRIGHTON, D. A. (1995). Risk assessments in prisons: a psychological critique. *Forensic Update*, 40. Division of Criminological and Legal Psychology, BPS, Leicester.
- TOWL, G. J. & CRIGHTON, D. A. (1996). *The handbook of psychology for forensic practitioners*. London: Routledge.
- TOWL, G. J. & HUDSON, D. I. (1997). Risk assessment and management. In: G. J. TOWL (Ed.), *Suicide and self injury in prisons*. Leicester: DCLP British Psychological Society.
- TVERSKY, A. & KAHNEMAN, D. (1974). Judgement under uncertainty: heuristics and biases. *Science*, 185, 1124-1131.
- WALKER, N. (1996). *Dangerous people*. London: Blackstone Press.
- WARD, D. (1987). *The validity of the reconviction prediction score*. Home Office research study No. 94. London: HMSO.
- WEBSTER, C. D., MENZIES, R. J. & HART, S. D. (1995). Dangerousness and risk. In: R. BULL & D. CARSON (Eds), *Handbook of psychology in legal contexts*. Chichester: John Wiley.
- WILLIAMS, G. (1978). *Textbook of criminal law*. London: Stevens & Son.



6.12 Towl, G. J. (1996) Homicide and Suicide: assessing risk in prisons.

*The Psychologist*, 9, 398-400.



# Homicide and suicide: assessing risk in prisons

**Graham Towl**  
*describes the decision-making involved in assessing risk of different categories of prisoners.*

**F**ORENSIC psychologists working in prisons are often called upon to make 'risk assessments'. Such 'risk assessments' are frequently associated with predicting the risk of re-offending for individual prisoners. More specifically, such judgements are often requested of psychologists in their work with life-sentenced prisoners (Towl & Crighton, 1995). Another area where forensic psychologists are requested to make such assessments is with potentially suicidal prisoners.

There are a number of conceptual, ethical and practice-related difficulties associated with making 'risk assessments'. In this article, assessments of the risk of suicide with prisoners and the risk of grave re-offending with life-sentenced prisoners will be explored and examined. A theme I wish to emphasize is the need for an understanding of the logic of the risk assessment process. Broadly, this may often involve a consideration of four basic features of risk assessments:

- the specification of the target behaviour;
- an awareness of the knowledge base in relation to the identified target behaviour;
- an understanding of how the knowledge base may be applied to the individual case;
- an identification of what may be involved in increasing and decreasing the level of target behaviour occurrences.

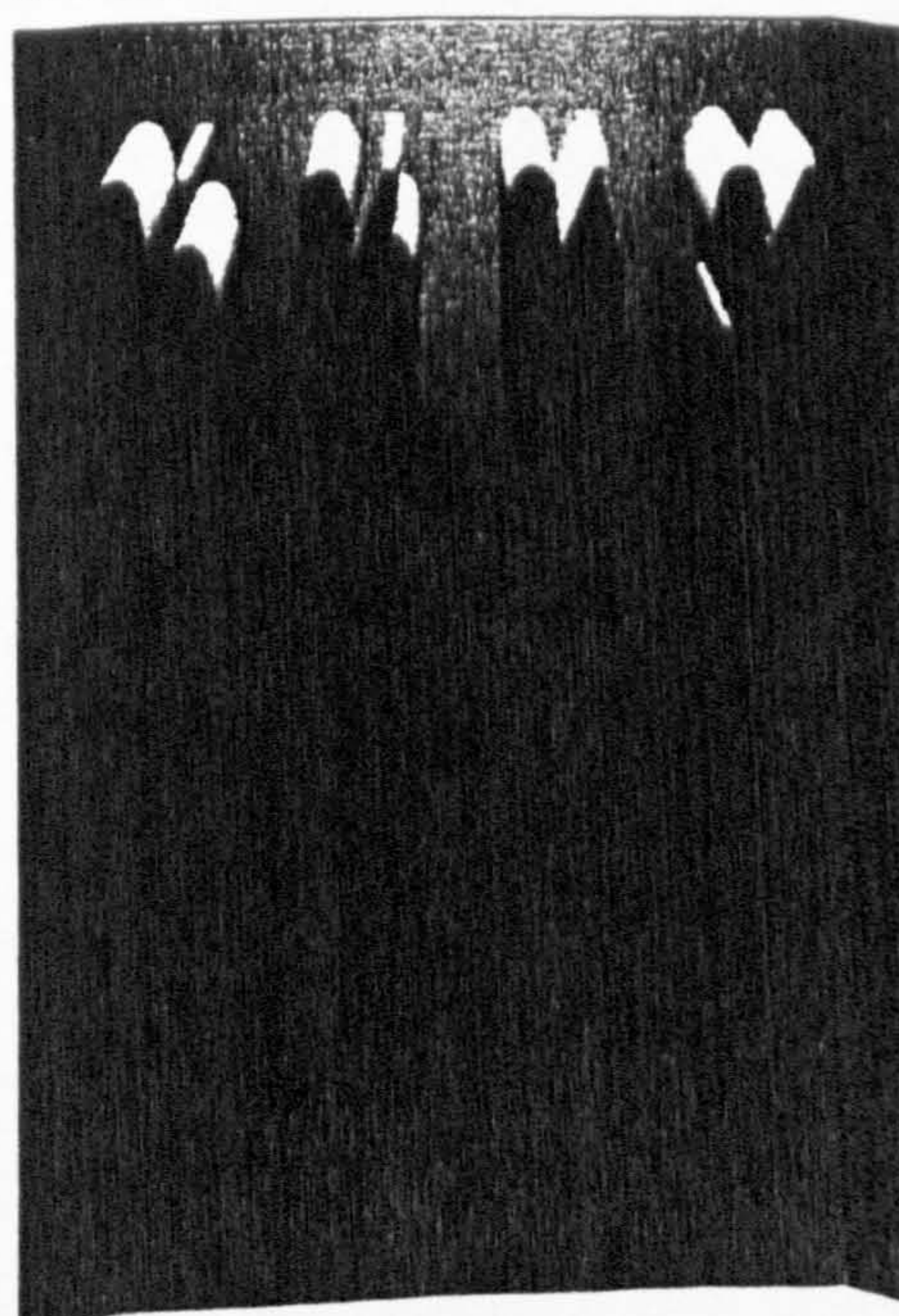
Through a knowledge of the risk assessment process we may inform our risk management practices and policies.

The term 'risk' is used in a number of different ways within the literature and clinical practice (Monahan, 1981). Herein, risk is conceptualized as, 'the estimation of the likelihood that a target behaviour will occur'. Later, we will apply this conceptualization to an understanding of risk assessments with life-sentenced prisoners and suicidal prisoners. First, we need to consider a number of ethical points.

## Ethical considerations

One ethical difficulty involves taking into account the rights of various 'interested parties' in our decision making. For example, the decision to recommend that a prisoner is released from prison may be favourably received by the prisoner but not by the victims of his previous violence or indeed by other members of the public. With suicidal prisoners it may be that their containment in prisons has contributed to feelings of helplessness and hopelessness which may in turn be linked to suicidal ideation and behaviour. Such stark conflicts of interest are not unique to the forensic field; however, they are brought into sharp focus in such settings (Towl, 1994).

Given that risk assessment involves uncertainty we are presented with a

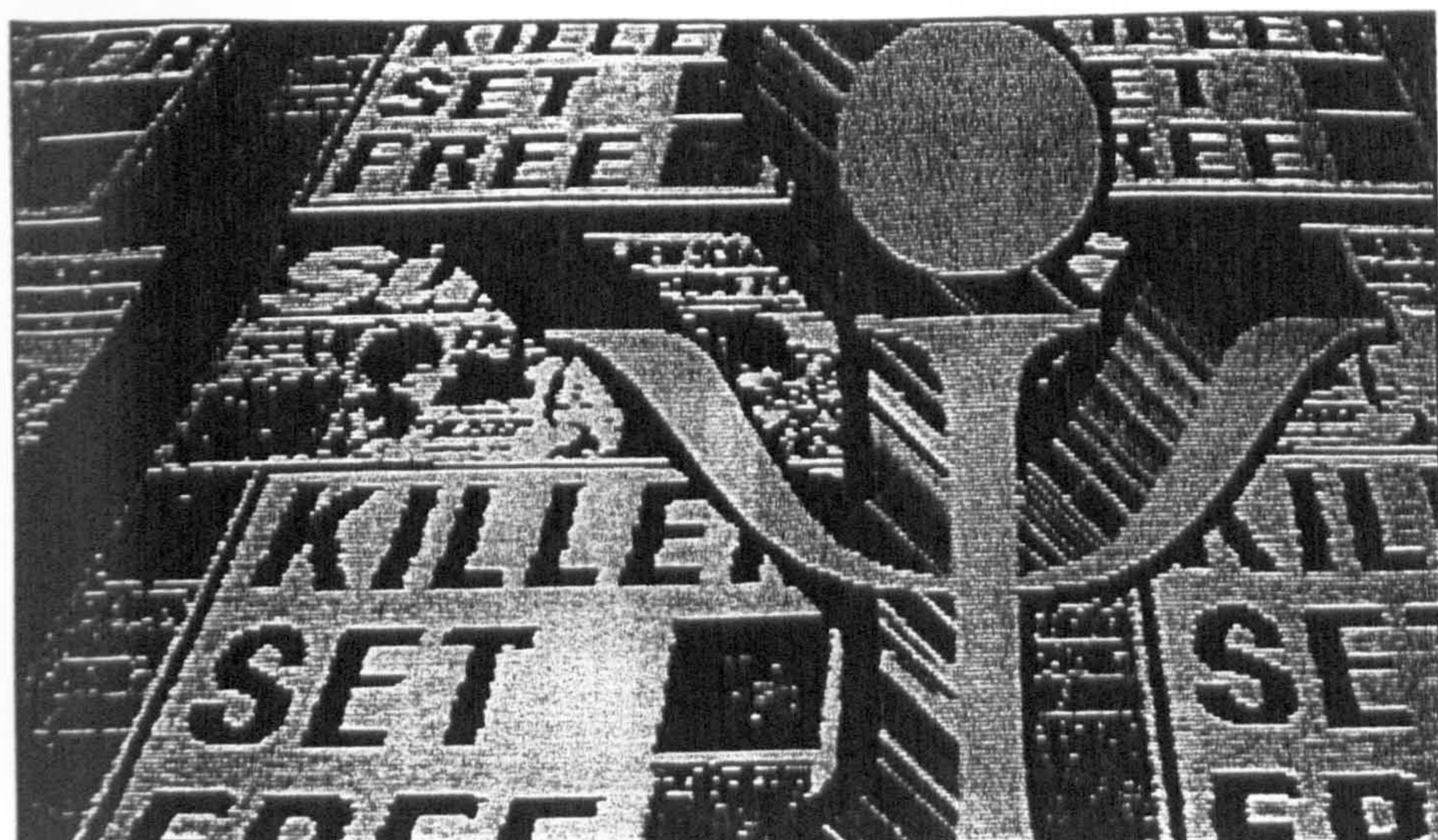




# Best Copy Available

Print bound close to the spine





further ethical judgement. Namely, what level of an estimation of the chances of a specified undesirable (target) behaviour occurring is acceptable? The nature of the specified target behaviour is important in informing our judgements about acceptable levels of risk. Broadly, the seriousness of the target behaviour should be inversely related to the level of risk which may be deemed acceptable.

## Life-sentenced prisoners

There are currently over 3,200 life sentence prisoners (approximately 3,095 men and 105 women) in prison service establishments in England and Wales (Prison Service, 1995). Life-sentenced prisoners are informed of the minimum period of imprisonment that they will serve, this is known as the 'tariff period'. Beyond this point the chief consideration in relation to decisions about release is the risk of grave re-offending (Sapsford, 1983). Life sentences are for 'life' insofar as after release from prison lifers remain on what is known as a life licence. The terms of the life licence are such that a lifer, after release, may be recalled to prison if there are concerns about his or her behaviour. The average time before release on life licence, for those who were released in 1993, was 14.6 years. (Prison Service, 1995). The figure of 14.6 years is an underestimate of an accurate average figure of how long a life sentence is, because the average is taken from prisoners who have been released; some are not.

A mandatory life sentence is the only sentence that judges may give to people found guilty of murder. Discretionary life sentences may be given to people who have been convicted of some serious crimes other than murder. For example, manslaughter, arson and rape are each crimes which, dependent upon the circumstances and other offence details, may result in a discretionary life sentence. One major consideration in the award of discretionary life sentences is

the perceived likely level of the risk of re-offending. Roughly 80 per cent of life-sentenced prisoners are serving mandatory sentences and 20 per cent discretionary sentences.

At an early stage in the sentence, individual lifers are assessed to identify key 'areas of concern' arising from their offending behaviours. These 'areas of concern' are generally associated with the perceived risk of re-offending (Mitchell, 1990). One difficulty with much of this material is that it has been collected as part of an adversarial legal process rather than a fact-finding process. In other words, much of the information has been collected with a view to securing a conviction rather than establishing a more objective account of events (Towl & Crighton, 1995).

Actuarial (or statistical) models which involve the, temporally specified, prediction of the risk of re-offending have been developed (e.g. Brody & Tarling, 1981; Copas, 1993). Offending history and biographical information are important in such models. One difficulty in applying such models in clinical practice with lifers is that they are static models being based solely on past behaviour.

A number of forensic psychologists working in prisons have argued that in addition to a focus upon pre-imprisonment behaviours in our assessments of the risk of serious re-offending, we should also focus on behaviour in prisons (e.g. McDougall & Clark, 1991) and what may broadly be termed 'cognitive constructs' associated with both the individuals' past, present and future behaviour (Towl & Crighton, 1995). There are a number of difficulties associated with making such assessments, not least of which is the fact that we are trying to predict specific and rare target behaviours which are temporally distant. In short then, we are trying to predict the chances of specific re-offending with an often unspecified timescale beyond the release date. Such difficulties may be tackled with several implications for good practice in what is a notoriously difficult area. Risk assessments for

individuals are perhaps most helpful when they are specific and time-bound. In other words, it is helpful to make explicit precisely what there is a risk of, and what that level of risk is likely to be over a clearly specified period of time in a given environment.

Once we have identified areas which we think will impact upon the risk of re-offending, it is incumbent upon us to attempt to help the individual prisoner in reducing his or her risk of re-offending. For example, a discretionary lifer imprisoned for rape may initially present a number of cognitive distortions in accounting for his offence. He may seek to minimise his responsibility for the commission of the offence and attempt to maximise the culpability of his victim. One may hypothesize that such beliefs may contribute to an increased risk of sexual re-offending. Thus the lifer may be referred to the Prison Service, Sex Offender Treatment Programme which would, amongst other things, serve to challenge, hopefully successfully, this belief. Recidivism rates for treated sex offenders tend to be lower than for non-treated groups (Crighton, 1995).

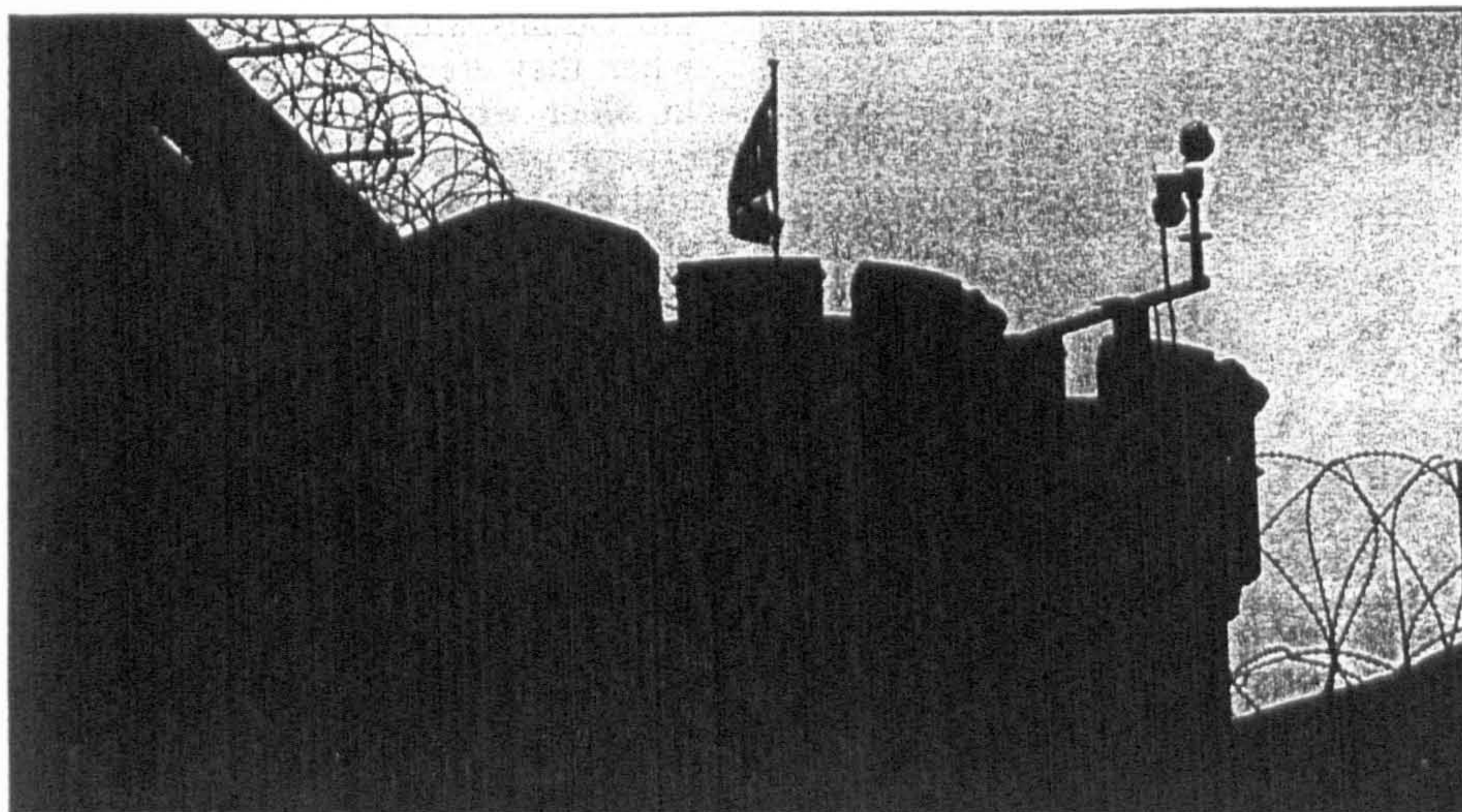
I have briefly surveyed some of the difficulties associated with 'risk assessment' with life-sentenced prisoners. Below I will turn my attention to issues of 'risk assessment' with suicidal prisoners and how the conceptual difficulties in terms of the basic psychology of risk assessment are remarkably similar.

## Suicide in prisons

The assessment of the risk of suicide amongst prisoners is fraught with similar conceptual, ethical and practice-related difficulties, as with life-sentenced prisoners. Prison suicide rates have been reported to be approximately four times higher than in the community (Dexter, 1993). The number of recorded self-inflicted deaths in prisons has more than doubled in the past decade from 27 in 1984 to 60 in 1994. Increasingly, forensic psychologists are being called upon to help address the difficult issue of precisely how to reduce the number of people taking their own lives whilst in prison. Recently a forensic psychologist was appointed to head the prison service Suicide Awareness Support Unit.

In the past, attempts have been made to try to identify the individual background characteristics of suicidal prisoners. The rationale is that this would help identify individuals with a high risk of committing suicide and hence aid suicide prevention. The main conceptual problem with this approach has been what may be termed the false positive problem. This is because the background characteristics of those identified as suicidal are not distinguishable from the characteristics held more generally by the prison population (Diekstra & Hawton, 1987). For example, a history of





drug or alcohol abuse is one such characteristic. Another conceptual problem with this approach is the 'false negative problem', that is, many individuals who commit suicide do not have the characteristics that have been identified in such studies. Underpinning both the 'false positive' and 'false negative' problem is the base rate problem, that is, suicide is a comparatively rare behavioural event. Rare events are generally harder to predict. Thus the utility of studies which have looked at individual characteristics is limited and will never fulfil the promise of the accurate prediction of suicide. However, some subgroups have been identified as generally having a higher risk of suicide than other subgroups. For example, prisoners held on remand are at a higher risk of committing suicide than convicted prisoners. There is some evidence to suggest that life-sentenced prisoners have a higher risk of committing suicide than non-lifers; this also seems to be the case with prisoners with a history of mental disorder.

These findings have a number of ethical and broader policy implications. For example, 58 per cent of the people sent to prison on remand will not receive a prison sentence or will be found not guilty (Crook, 1994). Given that remand prisoners are an identified group with a higher risk of committing suicide than others, it may be sensible to review practices with a view to reducing the numbers of those remanded in custody. A reduction in the number of people with a history of mental disorder in prisons may also be helpful in reducing the number of people who take their own lives in custody.

One major problem in attempts to reduce the risk of prisoners committing suicide is the difficulty that some prisoners have in sharing their feelings of hopelessness which may precede suicidal behaviours. The consequences of reporting suicidal feelings in prisons can be aversive. Prisoners sometimes may be anxious about being dismissed as 'manipulative' or 'attention seeking'. The threat of the use of strip cells in the

'care' of prisoners with suicidal feelings can also act as a disincentive to reporting feelings. Sometimes prisoners may be concerned that if they report suicidal feelings they will be moved to another prison (Dexter, 1993; Dexter & Towl, 1994). Effectively, the disincentives to reporting suicidal feelings may serve to increase the risk of some prisoners taking their own lives in custody.

Fundamental conceptual misunderstandings about risk assessment underpin some poor practices in prison in relation to suicide awareness. One such misunderstanding may be reflected in the process of 'risk assessments' themselves. Terms such as 'not a risk' and 'no risk' are sometimes used in making assessments of suicidal behaviour (Dexter & Towl, 1994). In practice, such judgements are of little help and may be damaging. For example, if a prisoner is deemed to be 'not a risk' the chances must surely be that he is less likely to be closely observed by other prison staff. Thus, if the initial judgement indicating that he is 'not suicidal' is wrong, then staff are less likely to anticipate such behaviour or prevent it. The erroneous assumption these assessments appear to be based upon is that there is utility in construing risk as a dichotomous rather than continuous variable.

Members of staff who spend the most time with prisoners (e.g. workshop instructors, teachers and prison officers) are often well placed to help reduce the risk of individual prisoners committing suicide. The further development of prisoner/staff relationships is crucial if we are successfully to reduce the rate of suicides in prisons. This point is a central theme in the recently introduced prison service suicide awareness training materials (Prison Service, 1993).

In summary, in this section I have considered three stages at which the risk of suicide for prisoners may be reduced. Firstly, reviewing and reducing the number of people held on remand and people with mental illnesses in prisons. Secondly, addressing the potentially aversive consequences of reporting suicidal thoughts and feelings for prisoners. Thirdly, enabling prison service staff to

identify and assist prisoners who are feeling suicidal.

## Conclusions

Forensic psychologists working in prisons are well placed to influence policy and practices in relation to risk assessment. We have seen how the Prison Service's Suicide Awareness Support Unit is now headed by a forensic psychologist. This role will be crucial in influencing and implementing suicide awareness policies and practices in prisons. We have also seen how forensic psychologists have a pivotal role in making assessments of the risk of individual life-sentenced prisoners gravely re-offending. Clearly, forensic psychologists have a significant contribution to make in the important and difficult areas of risk assessment work with both lifers and suicidal prisoners.

## References

- Brody, S.R. & Tarling, R. (1981). *Taking Offenders Out of Circulation*. Home Office Research Study, 64. London: HMSO.
- Copas, J.B. (1993). Revisions to Statistical Analysis for a National Risk of Reconviction Predictor. Unpublished manuscript.
- Crighton, D.A. (1995). Groupwork in prisons: sexual offenders. In G.J. Towl (Ed.): *Groupwork in Prisons. Issues in Criminological and Legal Psychology*, No. 23. N. Clark & G. Stephenson (Series Eds). Leicester: The British Psychological Society.
- Crook, F. (1994). A Recipe for Child Abuse. *Forensic Update*, No. 39, Division of Criminological and Legal Psychology, 15-17. Leicester: The British Psychological Society.
- Dexter, P.M. (1993). An Investigation into Suicidal Behaviours at HM Prison Highpoint. Unpublished MSc Thesis, Birkbeck College, University of London.
- Dexter, P.M. & Towl, G.J. (1994). An investigation into suicidal behaviour in prison. In N.K. Clark & G. Stephenson (Eds): *Criminal Behaviour: Perceptions, Attributions and Rationalities*. 4th DCLP Annual Conference, 1994, No. 22. Leicester: The British Psychological Society.
- Diekstra, R.F.W. & Hawton, K. (Eds) (1987). *Suicide in Adolescence*. Dordrecht: Martinus Nijhoff Publishers.
- McDougall, C. & Clark, D. (1991). A risk assessment model. *Proceedings of the Prison Service Psychology Conference*, Scarborough.
- Mitchell, B. (1990). *Murder and Penal Policy*. London: MacMillan Press Ltd.
- Monahan, J. (1981). *Predicting Violent Behaviour*. Beverly Hills: Sage.
- Prison Service (1993). *Caring for the Suicidal in Custody*. Crown Copyright.
- Prison Service (1995). *Lifer News*, No. 1 Spring, Lifer Section. Home Office Reprographic Services.
- Sapsford, R. (1983). *Life Sentence Prisoners*. Milton Keynes: Open University Press.
- Towl, G.J. (1994). Ethical Issues in forensic psychology. *Forensic Update*, No. 39, Division of Criminological and Legal Psychology, 23-26. Leicester: The British Psychological Society.
- Towl, G.J. & Crighton, D.A. (1995). Risk assessments in prisons: a psychological critique. *Forensic Update*, No. 40, Division of Criminological and Legal Psychology, 6-14. Leicester: The British Psychological Society.

*These are the views of the author and do not necessarily reflect the views of the Prison Service.*

Graham Towl is at East Anglia Area Psychology Unit, Highpoint Prison, Stradishall, Newmarket, Suffolk CB8 9YG.



6.13 Towl, G. J. & Dexter, P. (1994) Anger Management Groupwork  
in Prisons: An Empirical Evaluation. *Groupwork*, 7(3), 256-269.



# ANGER MANAGEMENT GROUPWORK WITH PRISONERS: AN EMPIRICAL EVALUATION

GRAHAM J TOWL AND POLLY DEXTER

*In this paper, we focus on evaluating anger management groupwork in prisons. We give the background to, and an update of, prison based anger management groupwork, and outline some of the difficulties of evaluating this type of groupwork. We present the results of a psychometric evaluation of a set of anger management courses (N=50), and finally, we suggest some new research directions.*

## Background

In recent years a number of forensic psychologists in prisons have been involved in the development and application of anger management groupwork programmes. The application of such programmes was largely a response to the needs of prison managers (Towl, 1994). For example, in young offender institutions, young offenders who received high rates of 'Governor's Reports' for various types of disruptive behaviour were identified as a priority group for such interventions. Programmes were applied in young offender settings (e.g. McDougall et al., 1987) and in adult settings (e.g. Towl and Jennings, 1990). By 1991, 15 adult prisons and six young offender institutions reported running anger management groups (Towl, 1993). In May 1992, under the auspices of the Directorate of Inmate Programmes, training for prison officers in running the national anger management treatment package commenced. Since then about 40 prison officer teams (of about 5) have been trained in using the package. Thus we may assume that about 40 prisons have the potential to run anger management programmes.

## The approach

The approach is based upon a cognitive-behavioural account of anger. A hallmark of a cognitive-behavioural perspective is the importance placed upon the link between our thoughts and behaviour. This link is applied in cognitive-behavioural intervention methods with, for example, self-reflection and self-monitoring of our thoughts about events. Related to a cognitive-behavioural perspective is a cognitive-physiological arousal theory of emotion.

The premise here is that two things are necessary for such an emotion to be experienced; physiological arousal and a labelling of the aroused state. This premise is reflected in anger control interventions with an emphasis upon developing an awareness of signs of increased bodily arousal and practising relaxation training techniques.

## The structure and content of the programmes

There are typically about eight modules in anger management treatment programmes in prisons, each lasting about two hours. It is recommended that modules are run at the rate of about two per week. Institutional and regime constraints in prisons sometimes make this impossible. In practice, sessions are sometimes more widely spaced or run over four consecutive days. If there is a high 'turnover' of prisoners going in and out of a prison the scope for spacing sessions is reduced. Staff availability for running the groups can be an important factor in influencing the spacing of sessions. The group requires a continuity in facilitators, shift patterns may militate against this.

The structure of the groupwork may be conceptualised as involving three stages. First, the general exploration of anger, second, an individual examination of personal experiences of anger; third, the examination, selection and practice of a number of anger management methods (Towl, 1993).

The first two stages involve the facilitators making an assessment of the anger management difficulties that group members report experiencing. At these stages of the programme the facilitators attempt to examine the degree of insight, motivation and capacity for change that each individual appears to have. The facilitators attempt to examine (and facilitate) the group's psychological resources as an aid to helping individuals within it. By stage three the group critically examines various anger management methods with a view to addressing the problems that group members have brought to the group.

Below we give a number of examples taken from parts of anger management modules to give the reader a flavour of the work. The examples are presented sequentially from each stage of the programme.

A commonly used exercise involves 'brainstorming' the positive and negative consequences of having lost control over anger. The idea here is to help establish and enhance motivation for change when it becomes evident during the module, that the negative consequences of a loss of control over anger, by far outweigh the positive.



Another example. Group members are asked to work in pairs and recount to each other an example of where they have lost control over their anger (and regretted it later). Each group member talks through their 'partner's' story to the rest of the reconvened group. Group members are invited to comment upon accounts. The group is facilitated in asking questions such as, at what point was there no turning back? could he have done anything else? were there other ways of dealing with the problem?

In the final stage of the programme, anger management methods are examined in detail in terms of their applicability and helpfulness for individuals in the group. One widely helpful method is to monitor and adjust the things we say to ourselves in anger provoking situations. Examples of helpful 'self-statements' which prisoners have brought up on the groups are 'it's not worth getting into trouble for', 'he's not worth it', 'I won't let him wind me up', and 'I won't let my temper get the better of me'.

For a discussion of the common themes and dynamics in anger management groupwork in prisons the reader is referred to Towl's (1993) *Anger Control Groupwork in Practice*. This may be of practical use to practitioners who are considering facilitating anger management groupwork.

### Evaluation issues

The effective evaluation of groupwork is fraught with difficulties. Two major problems underpin a number of such difficulties. First, the problem of defining and measuring change. Second, the problem of establishing whether or not any change is a direct product of participation in the group rather than the result of other events.

Evaluation methods of anger management groupwork have included; Governor's reports, behavioural checklists and psychometric questionnaires. The establishment and achievement of group aims and objectives for individual participants have also been used as an outcome measure (Towl, 1994).

Each of these methods of evaluation have their own strengths and weaknesses, some of these for each 'measure' are briefly discussed below:

1. 'Governor's reports' or 'adjudications' have the strength that they are a clear measure of reported behaviour often linked with anger management difficulties. A statistical weakness of this measure is the 'regression to the mean' problem. If prisoners are selected for the programme largely because of a very high rate of 'reporting', such 'peaks' are liable to lower whether or not there is an intervention.

2. Behavioural checklists have the strength that they focus on observable behaviour. However, there can be difficulties in establishing the reliability and validity of such measures. For example, those administering the checklist require training to ensure inter-rater reliability of observed behaviour. Also, often individual items on (generic) behavioural checklists may not be germane in particular institutional settings.
3. Psychometric questionnaires provide quantifiable measures of self-reported change, however they do not demonstrate behavioural change.
4. Group aims and objectives may be adequately assessed on the basis of the agreed views of facilitators and prisoners. Just as with psychometric testing, they do not demonstrate behavioural change.

Currently, probably one of the major obstacles to the effective evaluation of anger management groupwork is the very varied selection procedures for group members. Some prisoners present anger management difficulties in prisons and hence are referred to the groups. Other prisoners report having anger management difficulties, or their conviction history indicates that they may have difficulties in this area and they are sometimes referred to the groups. Still other prisoners may be instrumentally aggressive and they in turn may be referred to anger management groups, even though their aggressive behaviour is not necessarily directly linked to anger management difficulties. Thus in this typology we have three groups; those who have anger management difficulties 'inside' (prisons), outside (prisons) and those who are instrumentally aggressive but not necessarily angry.

Each of the three 'types' listed above serve to illustrate the point that the selection of prisoners for anger management groupwork will have critical relevance for the most appropriate type of evaluation.

There is no reason to assume that those who fall into the 'aggressive' group will benefit from anger management groups. Those who have anger management difficulties either inside or outside prison may well benefit. However, the types of evaluation for these two groups will differ. Related to these general points it is questionable whether or not it is useful to have prisoners from the 'inside' and 'outside' groups on the same programme.

For those with anger management difficulties in prisons a combination of numbers of 'adjudications'/'Governor's reports', behavioural checklists and prisoner anger diaries may be used to



Another example. Group members are asked to work in pairs and recount to each other an example of where they have lost control over their anger (and regretted it later). Each group member talks through their 'partner's' story to the rest of the reconvened group. Group members are invited to comment upon accounts. The group is facilitated in asking questions such as, at what point was there no turning back? could he have done anything else? were there other ways of dealing with the problem?

In the final stage of the programme, anger management methods are examined in detail in terms of their applicability and helpfulness for individuals in the group. One widely helpful method is to monitor and adjust the things we say to ourselves in anger provoking situations. Examples of helpful 'self-statements' which prisoners have brought up on the groups are 'its not worth getting into trouble for', 'he's not worth it', 'I won't let him wind me up', and 'I won't let my temper get the better of me'.

For a discussion of the common themes and dynamics in anger management groupwork in prisons the reader is referred to Towl's (1993) *Anger Control Groupwork in Practice*. This may be of practical use to practitioners who are considering facilitating anger management groupwork.

### Evaluation issues

The effective evaluation of groupwork is fraught with difficulties. Two major problems underpin a number of such difficulties. First, the problem of defining and measuring change. Second, the problem of establishing whether or not any change is a direct product of participation in the group rather than the result of other events.

Evaluation methods of anger management groupwork have included; Governor's reports, behavioural checklists and psychometric questionnaires. The establishment and achievement of group aims and objectives for individual participants have also been used as an outcome measure (Towl, 1994).

Each of these methods of evaluation have their own strengths and weaknesses, some of these for each 'measure' are briefly discussed below:

1. 'Governor's reports' or 'adjudications' have the strength that they are a clear measure of reported behaviour often linked with anger management difficulties. A statistical weakness of this measure is the 'regression to the mean' problem. If prisoners are selected for the programme largely because of a very high rate of 'reporting', such 'peaks' are liable to lower whether or not there is an intervention.

2. Behavioural checklists have the strength that they focus on observable behaviour. However, there can be difficulties in establishing the reliability and validity of such measures. For example, those administering the checklist require training to ensure inter-rater reliability of observed behaviour. Also, often individual items on (generic) behavioural checklists may not be germane in particular institutional settings.
3. Psychometric questionnaires provide quantifiable measures of self-reported change, however they do not demonstrate behavioural change.
4. Group aims and objectives may be adequately assessed on the basis of the agreed views of facilitators and prisoners. Just as with psychometric testing, they do not demonstrate behavioural change.

Currently, probably one of the major obstacles to the effective evaluation of anger management groupwork is the very varied selection procedures for group members. Some prisoners present anger management difficulties in prisons and hence are referred to the groups. Other prisoners report having anger management difficulties, or their conviction history indicates that they may have difficulties in this area and they are sometimes referred to the groups. Still other prisoners may be instrumentally aggressive and they in turn may be referred to anger management groups, even though their aggressive behaviour is not necessarily directly linked to anger management difficulties. Thus in this typology we have three groups; those who have anger management difficulties 'inside' (prisons), outside (prisons) and those who are instrumentally aggressive but not necessarily angry.

Each of the three 'types' listed above serve to illustrate the point that the selection of prisoners for anger management groupwork will have critical relevance for the most appropriate type of evaluation.

There is no reason to assume that those who fall into the 'aggressive' group will benefit from anger management groups. Those who have anger management difficulties either inside or outside prison may well benefit. However, the types of evaluation for these two groups will differ. Related to these general points it is questionable whether or not it is useful to have prisoners from the 'inside' and 'outside' groups on the same programme.

For those with anger management difficulties in prisons a combination of numbers of 'adjudications'/'Governor's reports', behavioural checklists and prisoner anger diaries may be used to



contribute to the evaluation of such programmes. For those with anger management difficulties outside prison, evaluation methods can rarely be so focused and are outside the direct purview of prison staff. Psychometric questionnaires may be useful as exploratory evaluative tools for both groups.

One major benefit of psychometric testing is that the data obtained from such studies may usually be compared with normative data. Psychometric measures are probably amongst the most sophisticated of self-report methods. One major criticism of self-report measures is the response bias problem.

Two factors which may impact on response bias effects are what may be termed 'contingency-explicitness' and 'sanction scope'. For example, in a prison setting a prisoner may be informed that if he attends x group then a 'good report' will result which may very well contribute to his early release. In this example the contingency, group attendance with early release, is very explicit, early release is also a very positive sanction.

In practice, it is probably axiomatic to state that engagement in constructive structured activities in prisons, by prisoners, is generally positively sanctioned. Thus it is reasonable to suppose that the prisoners engaged in our groupwork may well have had a general expectancy that this was so. However, it was made clear to (potential) candidates for our groups that their individual psychometric scores would be confidential. The contingencies within the prison may have resulted in a bias to 'motivate' prisoners to attend. However, crucially, psychometric scores were not linked with positive (or negative) sanctions.

Below we outline the results of an exploratory evaluation of an anger management group using the State Trait Anger Expression Inventory (STAXI).

### **A psychometric evaluation of anger control groupwork using the State Trait Anger Expression Inventory**

STAXI data was collected over nine anger management courses run between February 1991 and September 1993 (8 courses were run in a security category C prison and 1 at a security category B prison). All courses were co-facilitated by a Psychologist and a Probation Officer. Prisoners attending the courses were asked to complete the STAXI prior to, and 7 to 14 days after completion of the course. A further, later, follow-up would have been desirable but regrettably not feasible. The STAXI was used as a measure to assess self-reported changes in the prisoners' experience and expression of

anger. Approximately a hundred prisoners were referred for the groupwork, about 40 of these were deemed unsuitable or, for logistical reasons, unable to attend for the full programme. Of the remaining 60 prisoners who commenced the groups, 50 prisoners completed the programme and filled in 'before' and 'after' STAXIs. Only prisoners who had attended the course and completed both 'before' and 'after' measures were included in this evaluation (N=50).

### **The STAXI**

The STAXI consists of 44 items, forming six scales and two sub-scales to measure the experience and expression of anger.

The experience of anger, as measured by the STAXI, is conceptualised as having two major components:

1. State anger - defined as an emotional state marked by subjective feelings which vary in intensity over time, according to frustration experienced or perceived injustice, attack or unfair treatment. The STAXI includes a 10 item 'state anger' scale which measures the intensity of angry feelings at a particular time.
2. Trait anger - defined as the disposition to perceive a wide range of situations as annoying or frustrating, with a tendency to respond to these situations with elevations in state anger. A 10 item 'trait anger' scale measures individual differences in the disposition to experience anger. This scale has two sub-scales:
  - a. Angry temperament - a four item sub-scale measuring the general propensity to experience and express anger without specific provocation.
  - b. Angry reaction - a four item sub-scale measuring individual differences in the disposition to express anger when criticised or treated unfairly by others.

Anger expression, as measured by the STAXI, is conceptualised as having three key components:

1. Anger-in - which involves anger directed inward (i.e. anger which is held in or suppressed). The eight item 'anger-in' scale measures the frequency with which angry feelings are suppressed.
2. Anger-out - which involves the expression of anger towards people or objects in the environment. The 8 item 'anger-out' scales measures the frequency with which angry feelings are expressed in this way
3. Anger control - which refers to individual differences in the



extent to which attempts are made to control the expression of anger. The eight item 'anger control' scale measures the frequency with which an individual attempts to control their expression of anger.

The STAXI also consists of an 'Anger Expression' scale which is based on the responses to the 'anger-in', 'anger-out' and 'anger control' scales. This scale provides a general index of the frequency that anger is expressed, regardless of the direction of expression (Spielberger, 1988).

At present, there is no normative STAXI data from the general British prison population available to assist in the interpretation of the STAXI scores. The STAXI professional manual (Spielberger, 1988) provides normative data based on the responses of American male prisoners. Means, standard deviations and tables of percentiles derived from the frequency distributions of the normative sample are provided. We feel that these are the most appropriate set of normative data available, although we would add a cautionary caveat insofar as there will be cultural differences between the two groups.

### Results

In the present evaluation, means and standard deviations were calculated for the pre and post course scores, on each of the six scales and two sub-scales. For details, see Table 1, which also provides the means and standard deviations from the normative data. A t-test for related samples was carried out on the scores for each of the STAXI scales to determine whether there were any significant differences between the pre and post-course scores. Table 2 shows the value and the level of significance for each of these analyses.

### Data analyses

Individuals who score above the 75th percentile on the STAXI scales are more likely to experience anger to the extent that it may interfere with their optimal functioning. Individuals scoring between the 25th percentile and 75th percentile may be considered to be within the 'normal' range (Spielberger, 1988).

Separate analyses were carried out for those prisoners scoring between the 25th and 75th percentile (Group 1), and those scoring above the 75th percentile (Group 2) for each of the STAXI scales for which percentiles are available (state anger, trait anger, angry temperament, angry reaction, anger-in and anger-out). Table 3 provides the means and standard deviations for groups 1 and 2 on each of these scales, pre and post-course.

SCALE	NORMATIVE DATA		PRE-COURSE (N = 50)		POST-COURSE (N = 50)	
	MEAN	STANDARD DEVIATION	MEAN	STANDARD DEVIATION	MEAN	STANDARD DEVIATION
STATE ANGER	15 06	6 55	13 14	5 95	11 34	3 08
TRAIT ANGER	21 66	6 71	23 82	7 01	20 38	7 01
ANGRY TEMPERAMENT	7 25	3 27	9 74	3 20	8 40	3 01
ANGRY REACTION	9 59	3 02	9 26	3 51	8 36	3 23
ANGER-IN	18 06	4 61	18 98	4 47	17 54	5 21
ANGER-OUT	16 52	4 96	19 40	5 34	18 32	4 60
ANGER CONTROL	24 79	4 98	17 26	5 44	19 38	6 23
ANGER EXPRESSION	NOT AVAILABLE		37 10	11 16	32 50	11 11

TABLE 1 - DESCRIPTIVE STATISTICS: STAXI - NORMATIVE DATA AND PRE AND POST-COURSE DATA



P R E - C O U R S E										P O S T - C O U R S E									
GROUP 1 < 75TH PERCENTILE					GROUP 2 > 75TH PERCENTILE					GROUP 1 < 75TH PERCENTILE					GROUP 2 > 75TH PERCENTILE				
MEAN		STANDARD DEVIATION			MEAN		STANDARD DEVIATION			MEAN		STANDARD DEVIATION			MEAN		STANDARD DEVIATION		
11 29	1 81	26 67	7 91	10 89	2 47	14 67	7 44	3 04	6 65	1 56	11 73	2 20	6 55	1 75	9 63	3 04	6 65	1 56	11 73
19 54	3 63	32 12	3 80	18 09	4 52	26 00	7 44	3 64	7 21	1 81	13 62	1 87	7 32	2 53	10 56	3 64	7 21	1 81	13 62
15 55	2 56	23 00	2 39	14 59	4 31	21 00	3 87	3 87	15 55	2 56	23 00	2 39	14 59	4 31	21 00	3 87	15 55	2 56	23 00
15 12	2 42	23 68	3 81	15 96	3 43	20 72	4 38	4 38	15 12	2 42	23 68	3 81	15 96	3 43	20 72	4 38	15 12	2 42	23 68
STATE ANGER										ANGRY TEMPERAMENT									
TRAIT ANGER										ANGRY REACTION									
ANGER-IN										ANGER-OUT									
SCALE																			

TABLE 1 - DESCRIPTIVE STATISTICS FOR GROUPS 1 & 2 ON STAXI SCALES: PRE AND POST-COURSE

SCALE										P E R C E N T I L E S   N O T   A V A I L A B L E									
ALL SUBJECTS					GROUP 1 - SUBJECTS SCORING < 75TH PERCENTILE					GROUP 2 - SUBJECTS SCORING > 75TH PERCENTILE									
N		T-VALUE			N		T-VALUE			N		T-VALUE							
		LEVEL OF SIGNIFICANCE					LEVEL OF SIGNIFICANCE					LEVEL OF SIGNIFICANCE							
50	2 25	< 0 025	44	1 19	NS	6	2 61	< 0 025		50	3 77	< 0 001	33	2 37	< 0 025	17	3 32	< 0 005	
50	3 29	< 0 01	20	0 36	NS	30	3 54	< 0 005		50	3 29	< 0 01	20	0 36	NS	30	3 54	< 0 005	
50	1 94	< 0 05	34	-0 08	NS	16	2 86	< 0 005		50	1 94	< 0 05	34	-0 08	NS	16	2 86	< 0 005	
50	3 38	< 0 005	27	2 49	< 0 025	23	2 25	< 0 025		50	3 38	< 0 005	27	2 49	< 0 025	23	2 25	< 0 025	
50	1 37	NS	25	-1 08	NS	24	2 71	< 0 01		50	1 37	NS	25	-1 08	NS	24	2 71	< 0 01	
50	-3 35	< 0 005								50	-3 35	< 0 005							
50	4 09	< 0 001								50	4 09	< 0 001							
STATE ANGER										ANGRY TEMPERAMENT									
TRAIT ANGER										ANGRY REACTION									
ANGER-IN										ANGER-OUT									
ANGER CONTROL										ANGRY EXPRESSION									

TABLE 2 - T-TESTS: STAXI - PRE AND POST-COURSE ANALYSES

Table 2 shows the T value and level of significance derived from tests carried out separately on groups 1 and 2 for each of the scales.

### Discussion of results

The results will be discussed for each individual scale:

#### *State anger*

The results indicate a significant reduction in the intensity of angry feelings which prisoners were experiencing following the course. However, the breakdown of analyses according to percentiles indicates that the significance of the decrease is accounted for by the scores of the six prisoners, falling above the 75th percentile before the course. It is possible that these six prisoners' angry feelings were situationally determined and their situation had changed between 'test' times. Alternatively, their high scores may reflect chronic anger which they were managing more effectively after the course. To what extent the changes were linked to the course cannot be firmly established. The finding that there was no significant decrease in the scores for the majority of prisoners may be a consequence of there being little opportunity for the scores to decrease (i.e. a large proportion (N=23) scored the minimum for this scale both 'before' and 'after' the course).

#### *Trait anger*

The results indicate a significant reduction in the scores for prisoners scoring both above and below the 75th percentile (although the level of significance is higher for prisoners scoring above the 75th percentile). It may be that the programme, on a general level, helped prisoners to assess and deal more effectively with anger provoking situations and their experience of anger and frustration within these situations.

For the two sub-scales of this scale, significant reductions in the scores of the whole group were found:

1. **Angry temperament** - this sub-scale changed significantly for group 2 but not group 1. The course may have helped some prisoners who had a propensity to experience and express anger without specific provocation, by increasing their understanding of their own anger and its manifestations.
2. **Angry reaction** - This sub-scale changed significantly for group 2 but not group 1. for prisoners who were highly sensitive to criticism or perceived affronts, the course's cognitive focus on evaluating and dealing with difficult situations and considering

the consequences of any actions may have reduced the likelihood of them expressing anger in such situations.

#### *Anger-in*

The results indicate a significant reduction in the 'anger-in' scores, whether or not they fell above the 75th percentile. The emphasis within the programme that anger is a 'normal' emotion and can be expressed constructively with assertive behaviour, may have contributed to the general reduction in scores.

#### *Anger-out*

Although there was not a significant decrease in the 'anger-out' scores overall, there was a significant reduction in scores falling above the 75th percentile. It appears the course was helpful for those prisoners who frequently expressed anger in aggressive behaviour, in reducing the frequency of this behaviour.

#### *Anger control*

A significant increase in 'anger control' scores overall was found, indicating prisoners were investing more energy into monitoring and preventing their experience and expression of anger. Unfortunately, it was not possible to breakdown the analyses according to the score percentiles, as normative data for this scale and the 'anger-expression' scale was not available.

#### *Anger expression*

Unsurprisingly (in view of the results from the 'anger-in', 'anger-out' and 'anger control' scale scores) there was a significant reduction in the prisoners' scores on this scale (i.e. the frequency with which prisoners reported expressing their anger decreased).

#### **Some limitations of our evaluation**

The STAXI is a self-report measure rather than a behavioural measure. In other words, our evaluation is based on what people say that they do, rather than what we have observed them doing. Self-report measures are frequently criticised for this reason. Behavioural checklist models also rely on similar levels of observations, but of others rather than the self.

Our interpretation of the results is limited by a number of factors: first, the lack of control data and normative data derived from the UK prison population. Second, the lack of follow-up data or information on offence type, age, length of sentence, reason for



attending course and nature of perceived difficulties for those prisoners included in the evaluation. Thirdly, our lack of information on prisoners who did not complete the course or declined to complete the STAXI.

### Conclusions

These results add to the growing body of psychometric evidence to suggest that cognitive behaviourally based anger management groupwork interventions in prisons do work. However, our conclusions can only be tentative in the light of the manifold conceptual complexities and methodological difficulties associated with the effective evaluation of anger management groupwork. Inevitably in the prison environment, researchers are limited in the methodological purity of their research. Our results may be a statistical artefact of the use of multiple t-tests. We believe that our results are encouraging, but that further data analyses may be warranted. Indeed, if we can improve future data sets, opportunities for more comprehensive multi-variate analyses exist and may well prove fruitful.

We find these results promising but inconclusive, and below we make a number of recommendations about research design for future evaluations.

### Recommendations for future evaluative research

1. There is a need to conduct a qualitative evaluation of the experiences of prisoners in relation to their anger before and after the interventions.
2. There is a need to take biographic information on prisoners who participate e.g. age, offence type.
3. There is a need to establish behavioural outcomes of anger management interventions.

Point number one is important because it may help us to understand *what* is 'working' in the interventions. Point number two may help us in understanding *who* it is working for. Finally, point number three would give us considerably increased confidence that participants had got to grips with effectively controlling their anger.

### Note

The views expressed in this paper are those of the authors and they may not necessarily represent the views of the prison service.

### References

- Copestake, S. (1993) *An Evaluation of the National Anger Management Programme* (of the Prison Service). Unpublished MSc Research Project. From Prison Service Psychology, Home Office, Prison Department.
- Law, K. (1993) *Use of Behaviour Monitoring Checklists in the Evaluation of Anger Management Course*. Unpublished Research Paper. From Prison Service Psychology, Home Office, Prison Department.
- McDougall, C., Thomas, M. and Wilson, J. (1987) 'Cognitive control of anger' in McGurk, B., Thornton, D. and Williams, M. (eds.) *Applying Psychology to Imprisonment*. London: HMSO.
- Novaco, R.W. (1975) *Anger Control: The Development and Evaluation of an Experimental Treatment*. Lexington, Mass: D.C. Heath.
- Novaco, R.W. (1985) *Anger, Stress and Coping with Provocation; An Instructional Manual*. University of California, Irvine.
- Spillberger, C.D. (1988) *State Trait Anger Expression Inventory: STAXI Professional Manual*. Psychological Assessment Resources, Inc. Florida, USA.
- Towl, G.J. and Jennings, M. (1990) *An Anger Control Course at HMP Highpoint: DPS Series 2, 177*, Home Office, Prison Service.
- Towl, G.J. (1993) 'Anger Control Groupwork in Practice' in Clark, N.K. and Stephenson, G.M. (eds.) *Children, Evidence and Procedure*. Issues in Criminological and Legal Psychology, No 20. Leicester: British Psychological Society, DCLP.
- Towl, G.J. (1994) 'Anger control groupwork in prisons' in *Perspectives On Violence*. The Howard League, Quartet Publishers.

6.14 Towl, G. J. (1990) 'Culture' Groups in Prison, *Groupwork*, 3(3),  
260-268.



## 'CULTURE' GROUPS IN PRISON

GRAHAM TOWL

*A Canadian approach to prison education was adapted to multidisciplinary groupwork in a British prison setting. The work involved the exploration of the influence of culture on our beliefs and the potential for change. The aim was to encourage critical thinking about personal values and beliefs in the context of relationships.*

### Introduction

There is clearly much untapped human potential within prison populations. However, informally one is often aware of a sense of fatalism amongst prisoners and an unquestioning acceptance of whatever values are conventional in their sub-cultural setting. This viewpoint is, we suspect, reinforced by prison regimes which emphasise passivity and compliance.

In our groupwork we set out to examine values, beliefs and relationships in their cultural context. The approach we took has at its roots a Canadian model of prison education which derives largely from the viewpoint of Moral Development Theory (e.g. Duguid, 1987). In his work Duguid emphasises the effect of poverty of experience in preventing cognitive and moral development. The basic enterprise of education is change, but for change to occur there must be freedom to question and debate as the individual makes judgements and evaluations (Marsh, 1976). Stephen Duguid's work in British Columbia involves the instrumental use of humanities texts as a tool in the development of 'cultural literacy' and 'critical thought' among prisoners. He uses brief extracts from literature as learning tools in explaining issues in terms of their relevance in everyday life. For example, he includes Berkman's (1912) *Prison Memoirs of an Anarchist* for a structured discussion on the general theme of the individual in society.

He acknowledges the awesome weight of cultural constraints on beliefs and behaviour:

We are after all asking adults to reconsider a set of values they feel comfortable with and find supportive, to examine critically the lives they lead, to re-think familiar constructs (Duguid, 1986).

It is this re-thinking of the familiar, and exploration of unfamiliar cultural, social and personal constructs which is at the core of our approach.

It must be stressed at this point that we do not seek to inculcate prisoners with (white) middle-class values and beliefs. What we do seek to do is to develop the 'tools of self-reflection', to examine critically the accuracy and appropriateness of the ideas 'behind' beliefs without implying that ours are necessarily better or the only alternative. Unlike the Canadian prescription of 'neutral' facilitators, we openly discuss our own values and beliefs.

Thus we borrowed the idea of using humanities based materials (we included a film) and added some group exercises. The sessions were planned to introduce gradually and gently materials and exercises which invited a progressively personal input from prisoners. Heuristically, the course may be usefully conceptualised in two distinct, yet related parts. The first involves the impersonal. In practice this meant a fairly 'safe' consideration of culture 'out there' using humanities based materials. For example, in watching the film 'Educating Rita', course members were able to view and comment upon the influence of Frank and Rita's respective backgrounds on the portrayal of their characters in the film. The focus here was cultural influences on the values and beliefs we bring to relationships. The second part of our course involved an examination and personal exploration of how, despite powerful cultural influences, we may make decisions about our relationships in a rational way to help us realise self-directed goals. This aspect of the course was explored predominantly through a series of group exercises where course members' own values became directly available for examination. For example, in the 'Fathers and Sons' sessions, where group members generate and discuss rules for such relationships, points are usually illustrated with personal accounts from childhood. The often moving nature of such accounts seems to bond and focus the



group further in addressing personal issues within a supportive setting

We claim no happy reconciliation between, on the one hand, the influences of culture or beliefs on behaviour and, on the other, on individual self-direction and understanding. We do however maintain that through discussion of values and beliefs in a structured and supportive setting we may increase self-understanding and cross-cultural tolerance.

### The setting

This is a large training prison with a population of about 800 men. There is a significant measure of cultural diversity within this population and statistics indicate that about a third of the men are 'non-whites'.

### Tutor training

Two day training seminars were organised for prospective course facilitators from psychology, probation, education and uniformed staff.

These seminars involved:

- i. an explanation of the history, approach and materials involved in the course;
- ii. trainee's experiential participation in some of the course exercises with subsequent discussion about key learning points.

### Tutor teams

Teams of two are selected to facilitate the courses. Each 'team' consists of a teacher drawn from the Education Department and one person from either the Probation or Psychology Unit. Course facilitators are partly self-selected, i.e. they express an interest and commitment to the groupwork, and partly selected on the basis of previous experience. Facilitators who are less experienced in the approach are paired with more experienced practitioners. Each team consists of either one man and one woman or two women.

### Course candidate allocation.

Officers were 'detailed' to recruit 12 interested prisoners each week. Earlier research indicated that more than half of 'inductees' (about 30 men are sent to the prison weekly) would express an interest in the courses. Selection thus involved an unstructured interview procedure as part of the usual 'induction' process.

### Course content

What follows is a description of a small selection of sessions. Readers are welcome to contact us for further details of these and other exercises used in our work.

#### *Day one: introductory exercise.*

The first morning session commences with a welcome and the spelling out of the logistics and rules of the group. Logistics involve the timing, venue and refreshment arrangements. Group rules include an adherence to basic democratic principles of interaction within the group. Questions and comments are invited at this stage.

Next, we move on to our 'ice-breaking' exercise; the tea party. This involves each person speaking individually to each of the group members. Topics of discussion are provided in a booklet issued to each group member (e.g. my favourite television programme is...). This exercise serves a dual function. Firstly it provides a gentle introduction to others within the group in a general sense. Secondly, in terms of the model, the notion that individuals come from a broad range of individual backgrounds and cultures is usually indicated. Next we introduce the 'map exercise' whereby group members mark on the 'world map' where they were born and the furthest they have travelled. The morning session finishes with a brainstorming session on 'culture'.

The afternoon session starts with an exercise exploring nationality stereotypes. Handouts are distributed listing a number of nationalities next to a list of groups of adjectives. Course members are asked to match the nationalities with the adjectives. The results of this 'matching' are elicited and tallied on the board and a structured discussion follows.



*Day two: Educating Rita.*

Group members are reminded of some of the themes covered on the previous day particularly in relation to differing cultural backgrounds. This is used as a focal point and structure for the viewing of the film 'Educating Rita'. In the afternoon session the film is discussed and a number of questions are raised. How do the elements of Rita's culture differ from that of Frank's? Did Rita really break free from the constraints of her culture?

*Day three: reflection and responses.*

For the survivors' session the group is split into two subgroups. Each subgroup is asked to make rules for survival given that they are the only survivors after a natural disaster. (Subgroups work on this exercise for about half-an-hour in separate rooms). The two subgroups are then brought back together and asked to recount to everyone else their rules for survival in their society. A structured discussion follows including questions such as: How did your values and beliefs contribute to the group decisions?

*Day four: personal relevance.*

The 'Fathers and Sons' exercise involves the individual generation of rules for fathers from sons and vice versa. Also rules for fathers and daughters are sometimes explored to examine gender differences.

*Day five: individual change.*

The final morning of the course begins with a consideration of the notion of 'life scripts' (an idea derived from Transactional Analysis). This is used to discuss how basic attitudes are 'programmed' by messages received in childhood. We discuss different roles people take in their lives and crucially why they take these roles. This leads to discussion about the extent to which we may 'edit' our scripts.

**Group dynamics: themes and processes**

The reader is reminded that the comments that follow refer to themes and processes common to 'culture' groups run weekly over the academic year.

The progressive cultural theme of the programme - from the impersonal to the personal - parallels the dynamics of the group.

Initially, there was some reticence about full involvement in the group. Indeed one member pushed his seat physically outside the group and announced that he would 'wait, watch, and see' whether or not he wanted to participate. He did not participate actively all day. On 'day two' he sat with everyone else watching 'Educating Rita'. He rejoined the group physically on the third day but throughout the week he said little about himself, preferring to comment on the contributions of others. The introductory sessions are crucial in setting the agenda for the group in terms of the basis of, or for, interaction within the group. The information exchange involved in the ice-breaking exercise provides, for some participants, a basis for further informal discussion and disclosure during the morning coffee-break.

The 'map exercise' provides the group with a geographical representation of cultural diversity. Although it must be acknowledged that on occasion this exercise has 'fallen flat' because all inmates have marked 'London' on the 'world map'. However, this exercise, in combination with the 'cultural brainstorm' which follows, serves to focus the group's attention on the differing cultural backgrounds brought to the group.

The information collected in the brainstorming session is used as a framework for discussion in the 'nationality stereotypes' exercise. The ease with which group members are able to assign adjectives to particular nationalities in this exercise provides a salutary reminder of the potency of racial stereotypes. Such constructs are explored, examined and challenged. At this stage there is much 'checking-out' with the rest of the group about the validity of particular views. Curiously, the notion of a 'stereotype' in terms of the consensus construct it implies is often reflected in the groups with attempts to involve all group members in giving their views and agreement with group norms. Attempts are also often made to help others clarify their ideas. However, at this early stage in the group's development some members remain 'outside' the group in much the same sense as the facilitators.

'Educating Rita' appears to have had an initial appeal largely because of the medium - a film. Watching a film together involves a fairly informal social setting. Informal settings beget informal interactions. In terms of the group's developments over the week, such informal interaction sets the foundations for a greater spontaneity in contributions by group members and heightens



the degree of self-disclosure. The increased trust and mutual acceptance at this stage are further developed and tested in the next major exercise.

The 'Survivors' exercise on day three usually marks a turning point in the group dynamics. The *content* of this exercise is such that the two subgroups are given the opportunity to set their own agenda for survival and organisation of their society. The process involves their personal contribution to the task. Thus the theme switches from impersonal notions of culture to the personal.

Values and beliefs are illustrated in the generation of individual roles and collective rules. There were many interesting aspects to this exercise (a favourite amongst participants). For us, the exercise provides a powerful illustration of just how quickly intergroup rivalry and intragroup affiliation can develop. The 'us and them' atmosphere characterised in this exercise by the respective groups makes for a useful analogy of how, for example, racial stereotyping may develop. We openly explored these aspects of the dynamics of the group (when reconvened) looking at the affective and cognitive concomitants of such rivalry.

The personal relevance of the course content is highlighted in the 'Fathers and Sons' session. The devising of father-son relationship rules leads into discussion of the balance between nurture and control; and usually it is at this point that course members start talking in earnest about themselves and the implications of their early relationships - in particular, attitudes towards authority. Two common and related difficulties are associated with this exercise:

- i. First, the content is personal, and if the group processes have not sufficiently developed towards a supportive environment, tensions sometimes arise. On a number of occasions facilitators have felt it necessary to exercise their discretion and protect more vulnerable individuals from over-disclosure.
- ii. Second, the issue of attitudes towards authority is sometimes viewed as an invitation to make personal attacks on members of staff. Sometimes a great deal of anger is expressed about the iniquitous and corrupt nature of the legal system. As these themes and emotions develop, it becomes increasingly difficult to make the session beneficial and productive for group members. A sad and sour atmosphere of angry resignation can result.

Generally however, the 'Fathers and Sons' session is popular amongst group members, particularly when a relatively high level of mutual trust and concern has grown within the group. Indeed the group usually appears reflective and thoroughly engaged in this exercise.

The 'life script' exercise usually follows on fluently from the previous day's personal content. We place a great deal of emphasis on the need to develop the ability to 'edit' the 'script' as the next step. Of course, we openly acknowledge the problems and limitations to such editing. Participants often 'try out' ideas in this session - usually seeking approval, or at least acknowledgement, that their ideas about changes in their life make sense.

The final session involves an invitation to complete anonymous course evaluation sheets. Generally, comments are very favourable indeed.

The most important lesson learnt from the groupwork appears to be the paramount importance of communication between facilitators before and after sessions to discuss the development of group dynamics and the selection of appropriate materials and approaches in response to the individual group's needs.

### Reflections

These courses ran for one academic year. About 40 per cent of men coming to the prison in 'term time' attended the courses.

A holistic approach - viewing prisoners and staff as whole people not restricted by their respective roles - underpins this work and thrives on the multidisciplinary and multicultural perspectives brought to the course. Regrettably, in prisons generally, groupwork is relatively uncommon and often sporadic largely because of institutional and resource constraints. Two of the institutional constraints are:

- i. the ideological bias of 'measures of efficacy' of interventions in prisons in terms of institutional compliance and re-conviction rates
- ii. the imperviousness of prisons as institutions to outside agencies.

Our multidisciplinary approach is helpful in terms of the pooling of resources with resultant added institutional support. Working together provides an informal forum for the sharing of ideas and



a common sense of purpose. The manifold indirect benefits of such multidisciplinary work include increased interdepartmental communication and cooperation.

In terms of the course itself, we have perhaps overemphasised the cultural constraints on behaviour possibly at the expense of the potential for self-change and understanding. Also the course concentrated on the re-thinking of attitudes, not the skills and environmental support needed to effect change.

Personal issues are sometimes brought up within the course which may require further intervention. There are very limited resources for such follow-up support for individuals. The institutional priority is to maintain course numbers, and the notion of voluntariness, fundamental to the approach, is very much a secondary consideration. This is especially so given the practical constraints of a fluctuating 'reception rate' of new inmates.

The proactive approach involved in our courses means battling uphill against the ethos of a regime that emphasises passivity and compliance and often puts the smooth running of routines before individual concerns. Despite this, we see potential for course development in prisons, perhaps focusing more clearly on particular client groups. The approach may also have applicability outside the prison setting in adult education. It is our hope and belief that both prisoners and staff will continue to benefit from their increased understanding and acknowledgement of individuals as people in their cultural context.

#### Note

*The views expressed are those of the author and do not necessarily represent those of the Prison Department or Home Office.*

#### References

- Berkman, A. (1912) *Prison Memoirs of an Anarchist*. New York: Mother Earth Publications.
- Duguid, S. (1987) 'To inform their discretion', *Proceedings, College Programmes Behind Bars; Models for Higher Education, Yahara Centre, Madison Wisconsin*, 12-13.
- Duguid, S. (1986) 'Selective ethics and integrity: moral development and prison education', *Journal of Correctional Education*, 37(2), pp.60-64.
- Marsh, J. (1976) 'Philosophical considerations of prison education: "pro and con"' in Reagen, M. and Stoughton, D. (eds.) *School Behind Bars*. New Jersey: The Scarecrow Press Inc.

7.5 Crighton, D. A. & Towl, G. J. (1998) Suicides in prison in England and Wales. *Prison Service Journal*, 116, 44-47.



- creating a successful culture by identifying aspirational skills/behaviours; and
- focusing more sharply on training and development needs.

### **360° profiling**

Three hundred and sixty degree profiling involves people of different grades and roles contributing to the specification of skills/behaviours required for a particular post.

While most people will agree on the *tasks* to be done, obtaining a 360° view of the *skills and behaviours* necessary for their first class performance will contribute to the provision of a clear and systematic rationale for management development. The experience at HMP Wandsworth is that 360° assessments using competences has demonstrated improved communication between senior managers and heads of departments by providing a vehicle for realistic conversations about management practice and behaviour.

When looking at our own development, it is important to get the views not only of our boss but also of those we manage and our peers i.e. the people most affected by the way we manage.

### **'How do I have to develop to help those I manage to do their jobs more competently?'**

This was the question that the senior management team at Wandsworth asked themselves. As the deputy governor put it 'the CCF provides the means to talk about the prime requirements for each job and to identify knowledge, skills and expertise gaps, thereby enabling the completion of well-focused personal and career development action plans.'

### **How will it help you?**

The CCF will assist you in:

- improving performance;
- rationalising management structures;

- revitalising appraisal and personal development processes;
- informing management development;
- innovating;
- achieving/maintaining Investors in People(IIP) status.

### **Does it work in practice?**

During the 18 months following the introduction by HMP Wandsworth of their integrated approach to HR Strategy, the following changes were observed:

- reduction in staff turnover;
- absence down from 10% to 3%;
- assaults and adjudications down by a third;
- 100% completion of the performance and planning review system;
- achievement of IIP in September 1997.

While these results are not directly attributable to it, HMP Wandsworth found the CCF was instrumental in drawing the elements of their HR Strategy into a coherent plan.

### **Prison Service Instruction 66/97**

The CCF has had a successful trial run in a number of establishments. It was launched between September and the end of November 1997, through a series of one-day workshops for heads of personnel and training managers in establishments, plus the nominees of heads of groups and services at headquarters.

A short presentation was also run in November for heads of groups and services themselves, with similar inputs to most area managers' meetings by 31 December 1997.

### **Implementation**

The CCF must be introduced to senior management teams by 31 March 1998, and to other functional levels by 31 March 1999 ■

# *Suicides in prison in England and Wales*

*1988-95; psychiatric history and drug abuse.*

David Crighton, Area Forensic Psychologist, Priority Healthcare Wearside NHS Trust  
Graham Towl, Area Forensic Psychologist, Prison Service University of Cambridge

### **Abstract.**

This study provides a detailed analysis of 377 self inflicted deaths (SID's) in prison custody between 1988 and 1995.

Descriptive data is provided on the proportion of SID's where there was a prior history of: (1) psychiatric involvement; (2) substance abuse; (3) a prior history of suicide risk monitoring; (4) active suicide risk monitoring at



time of death and (5) 'Special Watch' procedures. The proportion of SID's with a history of psychiatric involvement was found to be similar to previously reported prevalence rates for the prison population. Drug abusers were found to be over-represented. Those with a history of psychiatric involvement were more likely to be identified as at risk of suicide. Implications for further research are discussed.

### Introduction.

This study is based on a detailed analysis of 377 official records (from the Prison Service Suicide Awareness Support Unit) of self inflicted deaths in prisons in England and Wales, between 5 February 1988 and 5 November 1995. Below we present some of the detailed findings.

Research into suicides is faced with clear difficulties in relation to the definition used. This applies equally to studies in prisons and those undertaken in the community (*McHugh and Towl, 1997*). Legally a verdict of suicide depends upon clear evidence that a death was self inflicted and also that the individual intended to end their own life. Where such intent cannot be clearly seen then an open verdict should generally be returned (*Charlton et al., 1995*). Estimates of suicide based on verdicts of suicide are therefore likely to underestimate the true rate of suicide. This is evident when "undetermined" self inflicted deaths are added to suicide verdicts: producing an increase in the figures of about one third (*Charlton et al., op cit*).

A number of studies into suicides in prisons have similarly drawn only on those cases where a verdict of suicide was delivered (*e.g. Bogue and Power, 1995*). These studies will inevitably have resulted in the exclusion of a number of cases which were suicides, but where evidence of intent was weak or absent. The approach of the Prison Service in England and Wales since 1991 has been to record all cases of self inflicted deaths (*McHugh and Towl, 1997*). This approach is likely to have the effect of overestimating the true rate of suicide in prisons. However it seems likely to provide a more accurate estimate of the true rate of suicide than drawing exclusively upon suicide verdicts recorded by coroners.

A number of individual characteristics have been implicated as significant in community studies into suicide. These have included factors such as school failure, disrupted family background, familial history of suicide, drug addiction, alcohol addiction, unemployment and depression (*Diekstra and Hawton, 1987*). An increased prevalence of such characteristics has been noted in developmental studies of offenders in general (*Farrington, 1993*); and also in the prison population in general (*Dexter and Towl, 1995; Jones, 1996; Towl and Crighton, 1996*).

Mental disorder has often been posited as a factor in suicide. Barraclough et al. (1974) claimed that around 90 per cent of suicides in the community had experienced psychiatric disorder; with depressive disorders being the most common group at 70 per cent. Later studies have questioned this assertion and Hawton (1995) points out that by drawing exclusively on cases with a suicide verdict the proportion of those with a history of depression and psychiatric involvement is likely to have been increased. Even allowing for this though it seems clear that those with a history of mental health problems are at increased risk of

suicide in the community. Hawton suggests that around 15 per cent of those diagnosed as having schizo-affective disorders go on to kill themselves. Drug and alcohol abusers similarly appear to be at a far greater lifetime risk of killing themselves, with around 15 per cent of alcoholics going on to take their own lives.

A number of studies have suggested high rates of mental disorder in the prison population. Gunn, Maden and Swinton (1991) reported that 37 per cent of a sample of the prison population showed clear evidence of such disorder. However, the study adopted a broad definition of mental disorder which included substance abuse (23 per cent), neuroses (5.9 per cent) and sexual deviations (1.9 per cent). The rates of psychoses within the prison population were reported as (1.9 per cent).

What seems clear is that those with a history of mental health problems are at an increased lifetime risk of suicide. This in turn is complicated by, and appears to interact with, social factors such as unemployment and poverty. In our study we were able to examine the prevalence of psychiatric histories and records of drug abuse using the 377 records of self-inflicted deaths covering over 7 years.

### Results

Table 1. Self inflicted deaths by psychiatric history.

	Number	Percent
Psychiatric History	142	38%
No Psychiatric History	235	62%

Table 1 shows the proportion of those who killed themselves who had a prior history of psychiatric assessment or treatment. In all 38 per cent of those who killed themselves had such a history. This figure is clearly very much higher than would be found in the community.

However the figure may significantly overestimate the number who had in fact experienced some form of mental health problem. This is because it is common for prisoners, and particularly remand prisoners, to be routinely assessed by psychiatrists.

Table 2. Self inflicted deaths by history of drug abuse.

	Number	Percent
History of drug abuse	108	29%
No History of drug abuse	269	71%

Table 2 shows that 29 per cent of those who killed themselves had a history of drug abuse. This compares with estimated rates for the prison population of around 11.5 per cent (*Gunn, Maden and Swinton, 1991*).

Table 3a. Suicide monitoring ever and psychiatric history.

	Psychiatric History	No Psychiatric History
Suicide Monitoring Ever in Prison	49%	14%
No Suicide Monitoring Ever in Prison	51%	86%

This shows the proportion of those who killed themselves who had ever been subject to Prison Service self harm



monitoring. Data is presented for those with and without a history of psychiatric assessment. As can be seen those with a history of psychiatric involvement were much more likely to be subject to monitoring and support procedures.

**Table 3b. Suicide monitoring active at time of death by psychiatric history.**

	Psychiatric History	No Psychiatric History
Suicide Monitoring Current	23%	4%
No Suicide Monitoring Current	77%	96%

This mirrors table 3a in that, again, those with a past history of psychiatric involvement were more likely to be currently subject to monitoring and support procedures in prison.

**Table 3c. Special watch procedures at time of death by psychiatric history.**

	Psychiatric History	No Psychiatric History
Special watch procedures active	20%	4%
No special watch procedures active <sup>1</sup>	80%	96%

- <sup>1</sup> Special watch procedures involve prisoners being monitored by staff every 15 or 30 minutes. Prior to the implementation of the current Prison Service suicide prevention strategy this could also involve the use of 'unfurnished cells'. Special watch procedures are applicable to those felt to be at the highest risk of killing themselves. Overall 10 per cent of those who went on to kill themselves were subject to such watch procedures.

### **Discussion**

Of the 377 self-inflicted deaths (SID) 38 per cent had a prior history of psychiatric involvement. A proportion are likely to have simply been routinely assessed and found not to have any specific mental health problems which would distinguish them from the general population. It is also notable that the proportion is similar to the levels reported for the sentenced prison population (Gunn, Maden and Swinton, 1991). Further research is required to determine whether those with a history of particular types of mental health problems are at an increased risk of killing themselves in prison relative to the prevalence of that disorder.

Just under one third of SID's had a recorded history of drug abuse. This is markedly higher than existing estimates for prevalence in the prison service as a whole. Thus a history of drug abuse would appear to be indicative of increased risk of suicide. Although given the high base rates for drug abuse in prisons this is likely to be less pronounced than in community studies. Again it is clear that around two thirds of those who kill themselves have no recorded history of drug abuse. It is worth considering the robust finding from other studies (e.g. Bogue and Power, 1995; Crighton and Towl, 1997) that during the first few weeks of custody prisoners in general are at a far higher risk of suicide than during subsequent weeks. One possible contributing factor may be that some prisoners are experiencing withdrawal effects from drugs. This may or may not come to the attention of the appropriate authorities.

Tables 3a-3c show the application of monitoring and support procedures with those who subsequently killed

themselves. It is clear from the data that those with a history of psychiatric treatment and/or assessment were much more likely to be identified as being at risk of suicide and subject to monitoring and support. There are a variety of possible explanations for this. It may, for example be that the psychiatric assessment itself makes identification of the individual as at an unacceptably high risk of suicide more likely. Another possible contributing factor is that prisoners with a known history of psychiatric assessment are more likely to come to the notice of Prison Service staff as being at increased risk of suicide. The historical emphasis on medical assessment of the risk of suicide seems likely to increase any such tendency. Alternatively it may be a product of the emphasis placed on past history of mental health problems during prison service reception procedures.

What seems clear is that Prison Service staff appear to have been much more successful at identifying those at risk of suicide where a prior history of psychiatric treatment and/or assessment existed.

### **Further research**

A more detailed analysis of the nature of past psychiatric involvement and the detailed nature of mental health problems would seem to be central to informing more effective risk assessments of suicide in prisons. Community studies have consistently shown markedly increased lifetime risk of suicide amongst those with particular mental disorders. There appears to be though, a marked absence of empirical data on whether these groups are at an even higher risk of suicide whilst in prison. Similarly a more detailed analysis of those with drug and alcohol abuse histories may be valuable in evaluating the relevance of this in assessing risk of suicide, relative to the prison population. This would go some way to providing one of the essential elements required for more effective risk assessment and management in prisons (Towl and Hudson, 1997).

In line with previous research (Towl and Crighton, 1997) we feel that the most productive area for further research is the interaction between the prison environment and individual characteristics. This will inevitably require a shift of emphasis away from quantitative approaches and towards more qualitative analyses ■

### **References.**

- Barraclough, B., Bunch, J., Nelson, B. and Sainsbury, P. (1974). A hundred cases of suicide. *British Journal of Psychiatry*, 125: 355-73.
- Bogue, J. and Power, K. (1995). Suicide in Scottish prisons, 1976-93. *The Journal of Forensic Psychiatry*, 141, 503-11.
- Charlton, J., Kelly, S., Dunnell, K., Evans, B. and Jenkins, R. (1995). Suicide deaths in England and Wales: trends in factors associated with suicide deaths. In Jenkins, R., Griffiths, S., Wylie, I. et al Eds. *The Prevention of Suicide*. Department of Health: London.
- Crighton, D.A. and Towl, G.J. (1997). Self inflicted deaths in prison in England and Wales: an analysis of the data 1988-90 and 1994-5. In G.J.Towl (Ed). *Suicide and self injury in prisons. Issues in Criminological and Legal Psychology*, 28. British Psychological Society: Leicester.
- Diekstra, R.F.W. and Hawton, K. (1987). *Suicide in adolescents*. Martinus Nijhoff Publishers: Dordrecht.
- Dexter, P. and Towl, G.J. (1995). An investigation into suicidal behaviour in prison. In N.K.Clark and G.Stephenson (Eds). *Criminal behaviour*:



- Perceptions, attributions and rationalities. *Issues in Criminological and Legal Psychology*. British Psychological Society: Leicester.
- Farrington, D.P. (1993). The challenge of teenage anti-social behaviour. Paper prepared for the Martach Castle Conference on 'Youth in the year 2000'.
- Gunn, J., Maden, A. and Swinton, M. (1991). Treatment needs of prisoners with psychiatric disorders. *British Medical Journal*, 303, 338-41.
- Hawton, K. (1995). Causes and opportunities for prevention. In Jenkins, R., Griffiths, S., Wylie, I. et al Eds. *The Prevention of Suicide*. Department of Health: London.
- Jones, N.L. (1996). An empirical study of suicidal ideation and behaviour amongst prisoners. Unpublished M.Sc. dissertation. University of London.

- McHugh, M.J. and Towl, G.J. (1997). Organizational reactions and reflections on suicide and self injury. In G.J.Towl (Ed). *Suicide and self injury in prisons. Issues in Criminological and Legal Psychology*, 28. British Psychological Society: Leicester.
- Towl, G.J. and Crighton, D.A. (1996). *The handbook of psychology for forensic practitioners*. Routledge: London.
- Towl, G.J. and Crighton, D.A. (In Press). Risk assessment in suicide and homicide. *International review of psychiatry*.
- Towl, G.J. and Hudson, D.I. (1997). Risk assessment and management of the suicidal. In G.J.Towl (Ed). *Suicide and self injury in prisons. Issues in Criminological and Legal Psychology*, 28. British Psychological Society: Leicester.

# Trevor Brooking

## Interviewed by Holly McLaren

## Interview

Holly McLaren: You are a Trustee of the Butler Trust. How did your involvement begin?

Trevor Brooking: It was set up, as the name suggests, in memory of Rab Butler by his family members, mainly his sons. The initial Chairman was Lady Butler and one of the sons, Richard rang me up and said that he was formulating the Trustees and although the majority of them had some kind of background with the Prison Service, he wanted one or two independent people, one with a sporting theme.

The Prison system, it is one of those areas that you don't really know that much about, other than what you see now and again in the papers, but then most of that is fairly adverse and negative. If you have a riot, you get the headlines, then it all goes quiet for several months, so I said 'Yes'.

It was about 1986 when the Trust first started and of course Richard thought the sporting link would be an interest that a lot of the people have, staff and inmates. When I visit it is always a good talking point and breaks the ice when you are having a look round. Part of the role of the Trustee, when you make a visit, is to make people aware about the Butler Trust.

HM: You've been doing it for 11 years now.

TB: I've enjoyed it. There has been great change. You have one side of the coin when everyone says, 'They've done wrong', 'They should be locked up', 'Be austere'. Then you have the others who believe that they have done wrong, but they have to be in some way encouraged not to come back afterwards or to make their time there as bearable as possible, not only from their point of view but also for the staff who have got to look after them. It is always interesting to see the atmosphere within prisons because they do vary.

HM: What do you like to see rewarded by the Butler Trust?

TB: Something different? It's very difficult. There is a reluctance for people who are in line for awards to be looked on as something different from everyone else and they tend to not want to be picked out. They all feel they are part of the team. This is an award for the prison and we know that. They don't want to create envy or

jealousy because they are singled out for a particular reason. That is not what we want to do. If the person or the group do receive some form of recognition the chances are it's a reflection on the prison, because it doesn't happen in isolation. It tends to mean that the prison itself is working well, but there are one or two exceptional areas within that which seem to be worth recognition. Most point to those in the prison that have helped them achieve, what we feel they have achieved. It's a case of getting the balance between rewarding and acknowledging excellent work and reassuring them, that we are not trying to make them look anything special in comparison to the others.

HM: You have visited a number of prisons, what is your overall impression?

TB: The biggest factor would be that you have to try and create an atmosphere where there is discipline so that those who want to try and cause trouble or be disruptive are not allowed to do so. A fairly large majority of those in there are willing to conform to whatever is required of them during their time there and so it's only the small disruptive element that has to be controlled.

I always like to see Education Centres because there are some prisoners who desperately want to try and find something but, because they haven't got a job, are more liable to be back again. Re-offending is something that you have got to try to discourage and the best way is to try and give some kind of training and a little bit of self confidence. For some that means reading. It is shocking, the large number of younger inmates who can't read and write and do the basic skills which you assume most people would have. If you haven't got those then you are more likely to turn to some form of crime in order to have a standard of living that you are looking for. I think that is the biggest realisation that is coming out of visiting.

HM: If you were sent to prison how would you cope?

TB: I would miss the freedom to do sport whenever I felt like it. Initially I would think, can I do any activity? 24 hours would seem like each separate hour, whereas when you are out and about you think 'I could do with putting my feet up for a little while, I've had



7.7 Towl, G. J. (1997) (Ed) *Suicide and Self-injury in prisons: research directions in the 1990s*. Leicester: British Psychological Society.

(3 selected extracts)

---

# Organizational reactions and reflections on suicide and self-injury

Martin McHugh and Graham Towl

*In this paper we begin by outlining some definitional problems associated with self-injury, attempted suicide and suicide in prisons. Next, we explore and examine organizational reactions to suicide and self-injury in the context of an understanding of risk assessment and management. We outline the scope of the Prison Service strategy in England and Wales, focusing upon implementation. We also examine some prison staff responses to the strategy. Finally we briefly outline some future developments in the field.*

## Definitions

Terms such as "self-injury", "attempted suicide" and "suicide" pose difficult problems of definition. Concepts of intent and attribution are involved. The consequences of an act of self-injury may exceed the original intentions because some self-injury behaviours, such as attempted hanging, carry a high level of lethality. The Prison Service is not alone in finding difficulties in adequately resolving these definitional problems. This should not be surprising since the issues involved are complex and relate to life and death. More work is needed in the Prison Service to standardize definitions of self-injury. Until reasonably robust criteria are in place, effective monitoring and evaluation of intervention strategies will remain problematic.

Greater progress has been achieved in standardizing a definition of apparent suicides in prison custody. When the Suicide Awareness Support Unit was set up within Prison Service Headquarters in May 1991, "self-inflicted death" was adopted as an all-embracing definition to describe deaths arising from non-natural causes. Where doubt exists on the extent to which the individual intended to take his own life, coroners frequently avoid a suicide verdict in favour of "open" or "misadventure". To fulfil its commitment to openness and ensuring that lessons are learned from any such tragedies, the Prison Service classifies deaths as self-inflicted for all coroners verdicts of suicide, death by misadventure, open verdicts and accidental death. In a small number of cases, a judgment has to be made on the basis of the circumstances surrounding the death, for example, in some cases of drug overdose. Since 1995, death by food refusal has been classified as self-inflicted, although in legal terms it does not meet the criteria for definition as "suicide". Thus it can be seen that to categorize solely on verdicts of suicide would seriously underestimate and significantly distort overall totals. Between 1988 and 1994 the percentage of self-inflicted deaths receiving a verdict of suicide ranged between 58 per cent and 84 per cent, with the remainder classed as misadventure, accidental, open or (rarely) natural.

It is important to take note of our potentially over-inclusive Prison Service definition of self-inflicted deaths (often referred to as "suicides" for shorthand) when comparisons are made with deaths in other organizations and with community studies.



---

## Risk assessment and management

Fundamental to policies and practices in relation to suicide awareness and prevention is an understanding of risk assessment and risk management. For a more detailed coverage of these areas the reader may wish to refer to Towl and Hudson (1997) in this collection of papers.

Risk assessment involves the process of calculating the level of risk of a completed suicide taking place within a specified period of time. For many individuals imprisonment itself may increase the risk of suicide (Towl, 1996). In general terms imprisonment alone would be insufficient grounds on which to initiate significantly increased levels of monitoring, supervision and support. Thus, in many cases the level of risk of suicide would be deemed acceptable. However, it may be that individuals who are experiencing significant levels of psychological distress and expressing suicidal thoughts are identified. In such cases it would be prudent to assume that they may have an unacceptably high level of risk of suicide in the immediate future (Dexter and Towl, 1995). Hence a more active and focused risk management programme would require implementation. Thus we can see that one central link between risk assessment and risk management involves a decision about the acceptability of the level of risk of suicide for an individual.

A common misconception amongst the public (and some prison staff) is that if someone completes suicide in prison, then the Prison Service has necessarily failed in its duty of care. Further reflection suggests that this view is logically untenable. The Prison Service, and/or individuals within it, may have failed in their duty of care to a particular individual. However, it may also be the case that everything reasonably possible has been done to help support a prisoner, yet the individual still completes suicide. Risk assessment and management is thus just that: it is not about certainty (nor will it ever be). Often the term "prediction" is used in relation to prisoner suicides; this sometimes serves to obfuscate the logical processes of risk assessment. Risk assessment is *not* about the prediction of an event (e.g. suicide) happening, rather it is an estimate of the probability of the event occurring. Such obfuscation has led some researchers to be unduly dismissive of the utility of prediction studies (e.g. Lloyd, 1990)

There is a difficult distinction to be made between "preventable" and "non-preventable" suicides. A commonly held belief is that once an individual has made the decision to take their own life, there is nothing that anyone, nor any organization, can do to stop them. However, most suicides can be conceived of as preventable in the sense that ambivalence about intent to end life may well be a more common feature of attempted suicides than determination. This distinction between "non-preventable" and "preventable" suicide is perhaps most accurately made after the event of a suicide. A parallel within the prison context may be helpfully derived from the fact that not all convicted prisoners may be guilty of their crimes, but Prison Service staff, until or unless directed by the courts otherwise, must work from the premise that convicted prisoners require containment within prison. However, some may eventually get their convictions overturned. Thus our judgements about whether or not they are guilty are in this sense irrelevant. Similarly with suicide, our judgements about whether an individual prisoner at increased risk of suicide falls into the category "preventable" or "non-preventable" is irrelevant in terms of the monitoring, care and support that the prisoner should receive. This view is consistent with the fact that, in spite of the best efforts of the organization, some suicides will probably occur. The safest working premise for best practice is to regard all suicides, in principle, as preventable.

## Developing a nationwide strategy

### *Context*

Within the prison setting, a clear case exists for a common, coherent nationwide strategy towards prevention of suicide and reduction of self-injury. At a basic level, commonality and continuity in systems and processes are essential as prisoners at increased risk move within the custodial stages of the criminal justice system.



---

There is no universal agreement within prison systems throughout the world about the need for integrated, declared policies on suicide prevention. Anecdotal evidence suggests that the responses by prison systems to suicide prevention are strongly influenced by social and cultural attitudes towards suicide in general and towards prisoners in particular. Even within the western hemisphere there is a wide range of approaches across prison systems. For example, in a survey of State Departments of Corrections and Federal Prisons in the USA, Hayes (1996) observes that while 79 per cent of departments of corrections have a written suicide prevention policy, there is a considerable variation in the constituent components of the strategies.

The Prison Service in England and Wales has a tradition of developing, maintaining and reviewing common suicide prevention strategies. The first Circular Instruction on Suicide Prevention dates back to 1973. Arguably, the single most powerful driving force behind development of strategies has been the impact of high profile suicides, of young prisoners, which have attracted the attention of the media and prison reform/pressure groups. In turn, these cases have resulted in reviews of existing strategies, notably those conducted by the independent Chief Inspector of Prisons (1984; 1990). The history and development of service-wide strategies in HM Prison Service England and Wales is well documented elsewhere (Prison Service, 1992; McHugh, 1995). The following overlapping factors have strongly influenced the development of strategies:

- The responsibility associated with duty of care for prisoners as summarized within the Prison Service's Statement of Purpose.\*
- A culture of anxiety at both individual and organizational level associated with what is often conceptualized as an intransigent "suicide problem"
- A constant pressure for the Prison Service to demonstrate a response to the problem.
- Persistent, but varying degrees of media attention (latterly, deaths in police custody have attracted more interest).
- The continuing upward trend in prison suicides in the last 12 years, marked by increases in absolute numbers.
- The damaging effect of suicides upon staff morale.

Those factors contributing to suicide and self-injury are well-known, if poorly understood, phenomena. The problems associated with suicide and self-injury in prisons are fairly constant. There is also a certain consistency to the solutions proposed over the last 20 years. Many of the basic tenets of the current England and Wales strategy are to be found in the rarely re-visited 1973 Circular Instruction referred to above.

### *The current strategy*

The current strategy for the Prison Service in England and Wales began to be implemented in April 1994. The key features are:

- A multi-disciplinary approach which stresses the responsibility of all grades of staff in identifying those at increased risk of suicide and in providing support. Each establishment has a Suicide Awareness Team whose responsibility is to have oversight of local practices.
- An emphasis on a multi-agency approach including The Samaritans and, where appropriate, prisoners trained as Listeners by Samaritans to provide peer group support.
- A focus upon the underlying problems behind an individual's suicidal behaviour rather than upon symptom relief.
- Adoption of a case conference model in providing support to those at increased risk through use of the Form F2052SH.

A detailed description of the strategy can be found in the Guidance Pack "Caring for the suicidal in

*HM Prison Service Statement of Purpose:*  
*"Her Majesty's Prison Service serves the public by keeping in custody those committed by the courts. Our duty is to look after them with humanity and to help them to lead law abiding and useful lives in custody and after release."*



---

custody", available from the Suicide Awareness Support Unit, Room 716a, Abell House, John Islip Street, London SW1P 4LH.

## **Implementing the strategy**

### ***Context***

There is widespread agreement, even amongst critics of the Prison Service such as the Howard League and Inquest, that the current strategy is both sound in principle and logical and coherent in design. However, the same critics voice concern that the Prison Service has failed to fully implement the strategy as intended. The extent to which the Prison Service has achieved implementation is debatable. Critics and the public, understandably, often focus upon negative aspects of the Prison Service and this is particularly true in the area of suicide where success goes largely unreported. There is little media interest, and therefore little public recognition, of the hard work undertaken by staff on a daily basis which results in lives being saved.

It will be useful to examine some of the contextual issues which influence the process of implementation.

- Prisons start from different base-lines: implementation at a uniform pace across the Prison Service is therefore very unlikely.
- Current strategies have been developed at a time when the Prison Service is moving from a model of centralization towards devolution.
- Suicide prevention needs to be seen in the context of prevailing cultures and initiatives which need to be handled by the Prison Service contemporaneously and may compete for limited resources for training time.
- Public expenditure cuts, privatization, and drives towards greater efficiency have led to rapid and fundamental organizational change. At such times, it has been argued, the organization experiences its greatest difficulty in maintaining its focus upon the core business.
- The relationship between self-injury and suicide is complex. Suicide is a very rare and unusual event. Therefore an effective programme of self-injury reduction carries no guarantee of an overt reduction in self-inflicted deaths.

### ***Establishment level***

At the level of the individual prison there are a number of factors which influence how effectively suicide and self-injury strategies are implemented. It is important to remember that deaths in prison custody are distinguishable from other types of incident in that, amongst other things, death is irreversible. Deaths in custody invoke powerful feelings amongst all those involved.

There is a disproportionately high level of suicides within local and remand settings. Thus, for some prisons a self-inflicted death is a very rare event and for others all too common. For those local prisons with a high turnover of remand prisoners, experiencing more than one suicide over a period of eighteen months may not be unusual. Any comparison of the levels of suicide across prisons needs to take account of this before any tentative conclusions can be drawn about comparative practices.

An individual establishment's response to suicide and self-injury reduction strategies may be influenced by its own experience of such tragedies. Similarly, the attitudes and responses of individual members of staff may reflect their own experiences which, in some cases, may constitute involvement in a number of self-inflicted deaths during the course of their employment.

The experience of an apparent cluster of suicides within a prison can have a demoralizing effect upon staff and prisoners. Although some apparent clusters may not be statistically significant (Cookson and Williams, 1992), they are likely to feel significant to the staff involved. Although frequently commented upon, the apparent clustering of suicides is a poorly understood phenomenon which merits further investigation.



---

It is expected that the Suicide Awareness Team will review implications for policy and practice which may arise from a self-inflicted death. For those directly (and indirectly) involved in self-inflicted deaths, there can be powerful feelings of failure. Re-living and re-scrutinizing the event with hindsight to identify whether anything could have been done differently is a common reaction. At an organizational level, this kind of scrutiny of circumstances surrounding the death is essential for learning/improvement to take place but it can be debilitating for individuals (paradoxically, it is likely to be those individuals with the most "caring" approach to work who may well feel it worst). This points to the need for sound critical incident de-briefing and support to be in place. Each establishment will have in place a local Care Team consisting of members of staff from a variety of backgrounds who are available to offer first-line support to staff who have been involved in an incident.

Hindsight can be a double-edged sword. It can lead to positive improvements but it can lead to rationalization absolving any individual or collective responsibility. In some instances this may be justified. In others it may not. The balance between what might reasonably have been foreseen, and what could not, needs to be preserved.

The Prison Service conducts its own internal investigation into every self-inflicted death. In addition, the coroner conducts an investigation heard in public before a jury. The inquest process can appear intimidating and can induce anxiety for staff called to give evidence, especially if this is their first appearance. However, it must be remembered that negative experiences at a previous inquest can powerfully affect an individual's reactions to current and future incidents. The inquest is essentially inquisitorial, although in practice it can feel closer to an adversarial process. Its purpose is not to apportion blame but to identify the facts surrounding the death. A verdict with a rider of neglect can be returned by a jury, but only where appropriately directed and where there is clear evidence that actions or absence of actions by staff contributed directly to death. (For example, *R v Coroner for North Humberside and Scunthorpe, ex parte Jamieson*, SA 6 May LB 1993.) The expectation for relatives of the deceased and the Prison Service to be legally represented has, however, heightened the adversarial feel of inquests in their conduct. This points to the need for adequate preparation/briefing of staff prior to attending an inquest. Inquests can be very difficult for the families of the deceased prisoner, especially if they are still going through the more acute phases of the grieving process.

The outcome of the internal investigation, the coroner's inquest, any attendant publicity, and the possibility of further litigation, have the potential for positive or negative impacts on how suicide prevention is handled by staff. There are two particular negative reactions by staff which are a cause for concern. Firstly, if staff come under unjustified criticism, which occasionally happens in selective or distorted reporting of cases, this can lead to disengagement from the suicide awareness strategy at the outset. On this reasoning, if a member of staff avoids starting the process by not opening the Form F2052SH, he/she remains uninvolved and therefore avoids implication in any consequences. A second negative reaction may be for staff to concentrate solely on filling out the forms, i.e. ensuring that the forms and documentation are completed irrespective of the quality of the support actually provided to the individual prisoner.

A more positive reaction, at both an establishment and individual level, is to focus upon any lessons which have been learned and to rectify gaps and failures.

An important consideration is the public's expectation of what the Prison Service should be capable of achieving in prevention of self-injury and suicide. An act resulting in suicide in the community can attract no searching blame or culpability, whereas an identical act by the same individual in prison custody will rightly result in an inquest in public before a jury. Given the responsibility which accrues from having a duty of care to those held in custody, it is reasonable for the public to expect



---

that Prison Service staff will do everything within their power to reduce the risk of suicide. However, the discharge of this responsibility needs to be judged against what is realistically achievable. There is a fine balance between adequate supervision and support and the preservation of the individual's rights.

## **Future developments**

There are a number of areas where work is planned or under consideration for future development of the nationwide strategy:

- Developing the current generic strategy with more of a specific focus upon the needs of individual types of establishment, e.g., female establishments, young offender institutions.
- Targeting resources/developing systems at points of greatest need, e.g., reception/induction procedures at local remand prisons.
- Underpinning the strategy with good quality training. Staff need to have professional attitudes towards suicide/self-injury in addition to understanding the processes.
- Promoting a better understanding of the links between suicide and self-injury.
- The Suicide Awareness Support Unit (SASU) has set up a Research and Development Group which is multi-disciplinary and has a broad membership of researchers and practitioners. Since the group's inception there has been a significant increase in research into suicide and self-injury in prisons. We anticipate that this will continue. The group provides an important link between research, practice and policy making.

## **Conclusions**

We have seen how definitional problems associated with notions of "attempted suicide" and self-injury still bedevil attempts to monitor and evaluate intervention strategies. However, by contrast, the term "self-inflicted deaths" in prisons does now have a reasonably robust criteria for inclusion. We have seen how a thorough understanding of the logic of risk assessment and risk management is pivotal to the implementation of the Prison Service strategy on suicide and self-injury.

We have traced some of the operational and policy difficulties in effectively implementing the strategy. We are confident that there remains much room for further development in research, policy and practice.

## **References**

- |  |  |
|--|--|
| CHISWICK, D., SPENCER, A., BALDWIN, P., DRUMMOND, D., HENDERSON, A.D., KREITMAN, N., STARK, R. and YOUNGJOHNS, P. (1985) Report of the Review of Suicide Precautions at HM Detention Centre and HM YOI Glenochil, Scottish Home and Health Department. Edinburgh: HMSO | DEXTER, P. and TOWL, G.J. (1995) An investigation into suicidal behaviours in prison. In N.K. Clark and G.M. Stephenson (Eds) <i>Criminal Behaviour: Perceptions, Attributions and Rationality</i> , DCLP 22. Leicester: The British Psychological Society |
| CIRCULAR INSTRUCTION 39/73 (1973) <i>Suicides and Attempted Suicides</i> . London: Prison Department   | GUNN, J. (1996) <i>Suicide Prevention in Scottish Prisons, a Brief Review</i> . Edinburgh: Scottish Prison Service   |
| COOKSON, H. and WILLIAMS, M. (1992) Assessing the statistical significance of rare events. <i>Inside Psychology</i> , 1, No 1. HM Prison Service   | HAYES, L.M. (1996) Prison suicide: rates and prevention policies. <i>Corrections Today</i> , (February), 88-95   |

---

HER MAJESTY'S CHIEF INSPECTOR OF  
PRISONS FOR ENGLAND AND WALES (1984)  
Suicides in Prison. London: Home Office

HER MAJESTY'S CHIEF INSPECTOR OF  
PRISONS FOR ENGLAND AND WALES (1990)  
Report of a Review of Suicide and Self-injury in  
Prison Service Establishments in England and  
Wales. London: HMSO, Cm.1383

HM PRISON SERVICE (1992) Caring for  
Prisoners at Risk of Suicide and Self-injury: The  
Way Forward

LLOYD, C. (1990) Suicide and Self-injury in  
Prison: A Literature Review. London: HMSO

MCHUGH, M.J. (1995) Managing suicidal  
behaviour among the prison population. *Journal  
of the Royal Society of Health*, (April), 117-119

TOWL, G.J. (1996) Homicide and suicide, risk  
assessment in prisons. *The Psychologist*,  
(September). Leicester: The British Psychological  
Society

TOWL, G.J. and HUDSON, D. (1997) Risk  
assessment and management of the suicidal. In  
G.J. Towl (Ed.) *Suicide and Self-injury in Prisons*,  
DCLP 28. Leicester: The British Psychological  
Society



---

# Self-inflicted deaths in prison in England and Wales: an analysis of the data for 1988-90 and 1994-95

David Crighton and Graham Towl

*In this paper we review self-inflicted deaths which occurred in prisons. The data used are drawn from the Suicide Awareness Support Unit (SASU), part of the Prison Service for England and Wales. Two samples of self-inflicted deaths in prison are analyzed, involving 100 and 97 deaths respectively.*

*We begin by reviewing the background to this study. This is followed by an outline of the methodology, followed by results. These are discussed in sequence rather than as a separate section. Finally we draw some conclusions based on our findings.*

## Background

There have been several studies of self-inflicted deaths whilst in prison custody both within the UK and internationally. Topp (1979) is often credited with the first modern study in which he reviewed 186 deaths in custody from 1958 to 1971. During this period he reported an overall trend towards a decline in the suicide rate from around 60 to around 40 per 100,000 population. During this period the rate of suicides averaged 13 deaths per annum, or a rate of 42 per 100,000 average daily population. Topp went on to provide a descriptive analysis of those who had killed themselves over the period of study.

A study of prison suicides in England and Wales was reported by Dooley (1990). The study covered the period 1972 to 1987. Comparing 1972-75 and 1984-87 he reported an increase of 121 per cent in the number of suicides. He also reported an 81 per cent increase in the rate of suicides per 100,000 average daily population in Prison Service establishments. Thus it was evident that the increase in suicides was not simply a facet of the expansion of the average daily prison population during this time. Dooley also noted that remand prisoners appeared to be at a much higher risk of self-inflicted death, accounting for 47 per cent of deaths and 11 per cent of the prison population. Very long-term prisoners (those serving over 10 years or life sentences) also appeared to be at significantly greater risk of killing themselves. Dooley suggested that some of the increase described in his paper could be attributed to a very marked increase in the remand population in the 1980s (an increase of 165 per cent compared with a 22 per cent increase for the prison population as a whole). Previous researchers had argued that remand prisoners had a particularly high risk of self-inflicted death (Topp, 1979).

A study of suicides in the Scottish Prison Service (Bogue and Power, 1995) found that remand prisoners were at a higher risk of suicide than sentenced prisoners as a proportion of average daily population. When compared in terms of receptions this difference was not evident. The authors suggested that the apparent over-representation of remand prisoners may be due to the much higher turnover of remand prisoners, leading to much larger numbers of individuals experiencing periods of remand.



In this study we have attempted to develop the level of analysis in these previous studies.

## Method

A comparison was conducted between two groups of prisoners who killed themselves. The first group consisted of cases recorded on the Prison Service (for England and Wales) Suicide Awareness Support Unit (SASU) database between February 5th, 1988 and April 8th, 1990 (n=100). The second group consisted of the recorded cases of self-inflicted deaths in Prison Service establishments between January 11th, 1994 and July 11th, 1995 (n=97).

Prior to 1988, the Prison Service in England and Wales recorded cases of suicide only when a suicide verdict was recorded at a coroners courts. This excluded a number of cases of self-inflicted death from the official figures. In this study, for both periods studied, all incidents of self-inflicted death were included.

In the period 1988–90, 15 per cent of cases of suicide in prison were subsequently recorded as open verdicts by coroners courts: for 1994–95 this had increased to 20 per cent. A smaller number of cases were recorded as accidental death: five per cent and four per cent respectively. Rates for misadventure verdicts were four per cent and seven per cent. One case of death by starvation and one where the individual had died of heart failure induced by asphyxiation had also been recorded as death by natural causes. In many cases coroners had given directed verdicts to juries. However, it was often unclear on what basis such decisions were made, and there appeared to be variations in coroners interpretations of the law. A number of accidental and misadventure verdicts appeared to depend on a retrospective analysis of motivations, specifically whether the individual had intended to kill themselves or alternatively whether they had simply been seeking attention and help, and had accidentally caused their own death. A number of open verdicts appeared to depend on the coroners interpretation of whether there was sufficient evidence to support the notion that the prisoner intended to complete suicide. There are several logical problems in making such inferences on a *post hoc* basis, although clearly such recording practices are likely to result in an underestimate of suicide rates. Equally, many of the distinctions made in coroners courts involve legal rather than behavioural distinctions. Because of this we have analyzed all self-inflicted deaths in custody for each group regardless of the verdict subsequently reached at coroners courts. Some previous studies (e.g., Bogue and Power, 1995) only included cases formally defined by coroners courts as suicide.

## Results

Table 1. Self-inflicted deaths in custody in England and Wales

Sample	Number	Rate per annum	Rate per 100,000 average daily population*
1988–90	100	46	98
1994–95	97	61	130

*Average daily population calculated for 1989 or 1994.*

Table 1 shows the number of deaths and the rate of deaths per year for 1988–90 and 1994–95. The rate of self-inflicted deaths per 100,000 average daily population (ADP) is shown. This overall figure suggests the occurrence of an increase in the rate of self-inflicted deaths in Prison Service establishments. This parallels increases seen in community studies of suicide (Towl and Crighton, 1996).



Table 2. Rates of self-inflicted deaths per 100,000 average daily population (ADP) and per 100,000 receptions.

1988-90	Rate per annum	ADP 1989*/1994	Rate per 100,000 ADP	Receptions	Rate per 100,000 receptions
Sentenced	20	36,700	54	72,912	27
Remand (untried)	21	8,672	242	56,687	37
Convicted unsentenced	5	1,727	290	16,589	30
1994-95					
Sentenced	34	34,505	99	79,251	43
Remand (untried)	21	9,196	228	54,157	39
Convicted unsentenced	6	3,188	188	32,751	18

*Average daily population for 1989 taken from Prison Statistics England and Wales: House of Commons Command Paper Cm 1800 (1990) and House of Commons Command Paper Cm3087 (1996).*

Table 2 shows a breakdown of self-inflicted deaths by legal status as a proportion of average daily population, and per 100,000 receptions.

Based on the rate per 100,000, ADP prisoners on remand (both untried and those convicted but unsentenced) killed themselves at far higher rates than sentenced prisoners. For the 1988-90 sample, remand prisoners killed themselves at approximately 4.6 times the rate for sentenced prisoners. For the 1994-95 sample this had reduced to 2.2 times the rate, due to a decrease in the rate of self-inflicted deaths for convicted unsentenced prisoners and an increase in the rate for sentenced prisoners.

Rates calculated on the basis of receptions showed some clear differences from the rates calculated on the basis of ADP. Firstly, the overall rates for self-inflicted deaths as a proportion of receptions are much lower. For sentenced prisoners the rates were at least halved. For remand prisoners the effect was even more marked. The rate of deaths based on receptions is approximately one-sixth the rate based on ADP for untried prisoners. For convicted unsentenced prisoners the difference was even greater with the rate based on receptions being approximately one-tenth of the rate based on ADP.

Based on receptions, a comparison between the two time periods suggests the rate of self-inflicted deaths for sentenced prisoners has risen above the rate for remand prisoners. For untried prisoners the rate of self-inflicted deaths based on receptions is similar in both periods studied. However, the rate for convicted unsentenced prisoners decreased.

We would suggest that rates based on receptions provide a better estimate of rates of suicide for remand prisoners than average daily population figures. This is because the figures for receptions will more accurately reflect the number of individuals placed in the high risk environment of prison over comparatively short time periods.

Table 3 shows that prisoners serving sentences of over 18 months are at higher risk of self-inflicted death than those serving shorter sentences. Life sentence prisoners are at much higher risk than those serving determinate sentences; in both samples though, the number of life sentence prisoners was small. Therefore caution is required in interpreting this finding for life sentence prisoners. Analysis of data over a wider span of time could serve to clarify whether life sentence prisoners rates of self-inflicted death are in fact higher than other long-term prisoners (see Towl, 1996).

Table 3. Rates of self-inflicted deaths by sentence length

	Rate per annum	Rate per 100,000 ADP
1988-90		
Under 18 months	5	50
Over 18 months (excluding life)	9	63
Life/HMP	6	225
1994-95		
Under 18 months	6	47
Over 18 months	20	95
Life/HMP	8	260

One caveat here is that the rates calculated are for sentenced prisoners. It could be hypothesised on this basis that remand prisoners anticipating longer prison sentences may be at increased risk of suicide. The data in this paper do not allow analysis of this idea but this may be a productive avenue for further research.

Table 4. Rates of self-inflicted death by ethnic group (1994-95)

Ethnic group*	Rate per annum	Rate per 100,000 ADP
White	55	135
Black	2	35
South Asian	2	148
Other/not recorded	1	85

*Ethnic groupings are based on the EC labour force survey as used by HM Prison Service establishments. These are based on a persons descent rather than birthplace, nationality or religion.*

Reliable data on ethnic origin of prisoners who killed themselves was not available for the 1988-90 period. For 1995, black prisoners appeared to be at lower risk of suicide. South Asian prisoners showed the highest rate of suicide, closely followed by white prisoners.

Table 5. Self-inflicted deaths by age

Age	Deaths 1988-90 (%)	Prison ADP 1989 (%)	Deaths 1994-95 (%)	Prison ADP 1994 (%)
14-16	0	1	0	2
17-20	22	17	13	11
21-24	18	23	19	20
25-29	22	22	30	22
30-39	16	22	27	26
40-49	9	10	9	12
50-59	4	4	2	5
60+	3	1	0	2

One notable point here is that, unlike community studies of suicide, younger and older age groups do not appear to be over-represented. Caution is needed in making such a comparison since many community studies have considered only cases where a suicide verdict has been returned by coroners courts.



Figure 1 Cases with F1997/F2052-SH open

1988-90	Yes 9%	No 91%
1994-95	Yes 17%	No 83%

It is clear from Figure 1 that the majority of those who kill themselves are not identified by existing procedures as being at an increased risk of suicide. There has been a marked increase in the proportion of self-inflicted deaths where F1997/F2052-SH forms were open. However, the meaning of this is unclear. It could reflect greater accuracy in identifying those at risk of suicide. It might alternatively be due to a decrease in the efficacy of interventions in reducing suicides; or it may simply be due to more forms being opened for the prison population. Further research by SASU is needed in order to determine the meaning of these data.

Table 6. Cause of death

Cause of death	Deaths 1988-90 (%)	Deaths 1994-95 (%)
Hanging	86	91
Other	14	9

Over both time periods hanging remained by far the most common cause of self-inflicted death. This finding is similar to those of previous studies (e.g. Dooley, 1990).

Table 7 Psychiatric history

Psychiatric history	1988-90	1994-95	Prison population (Gunn et al., 1991)
Yes	38%*	23%**	12%***
No	62%	77%	88%

*Record of previous psychiatric contact in prison records.*  
\*\* Defined as a diagnosis of a mental disorder within the meaning of the Mental Health Act (1983) by an approved practitioner under section 12.  
\*\*\* The figure of 12 per cent is the figure correct to one decimal place for those prisoners diagnosed as suffering from psychoses, personality disorder, organic disorders and diagnosis uncertain.

Table 7 clearly shows that for both samples studied the majority of prisoners who killed themselves did not have a prior psychiatric history within the meaning of the Mental Health Act (1983). It is, of course, possible to retrospectively analyze cases of suicide and speculate about the nature and causes of the psychological distress involved, often called psychological autopsies. Estimates of the proportion of prisoners considered to suffer from psychiatric disorders are increased by broadening the definition of such disorder, to include mental health problems not normally considered to be psychiatric. The figure quoted by Gunn et al. (1991) of 39.6 per cent of prisoners suffering from psychiatric disorders includes within that category neuroses (5.2 per cent), substance abuse disorders (20.1 per cent) and sexual deviation (2.4 per cent). This appears to involve an over inclusive definition which is out of step with the legislative framework for diagnosis and treatment.

---

Table 8. Coroners courts verdicts.

Verdict	1988-90 (%)	1994-95 (%)**
Suicide	76	67
Accidental death	5	4
Misadventure	4	7
Open	15	20
Natural causes	0	2

*In 1 case in 1988-90 a neglect rider was added.*

*\*\* In 1 case in 1994-95 a lack of care rider was added. In three cases in 1994-5 "box three" comments expressing criticisms and/or criticisms from the coroners court were made in writing.*

---

---

Table 9. Time at establishment prior to death.

Days at establishment	Cumulative number of deaths
Up to 1 day	10
Up to 7 days	27
Up to 14 days	33
Up to 21 days	41
Up to 28 days	44
Up to 2 months	52
Up to 3 months	61
Up to 4 months	68
Up to 5 months	75
Up to 6 months	79
Up to 12 months	87
Up to 24 months	95
More than 24 months	97

---

Perhaps the most striking aspect of Table 9 is the high number of deaths within one day of reception; just over 10 per cent of deaths occurred within this twenty-four hour period. Within one month of reception 45 per cent of deaths had occurred. This suggests that the early stages of, and reactions to, custody may be particularly high risk periods for self-inflicted deaths. It is perhaps not difficult to see why the reception into a new and stressful environment could have such an effect (Crighton, 1996).

## Discussion points

Recorded levels of self-inflicted deaths rose dramatically between the two periods studied. This in turn appears to be a continuation of a trend evident since the early 1980s.

This study suggests that men in prison are at greater risk of self-inflicted deaths than women in prison. The rate of self-inflicted deaths for women per 100,000 of average daily population for 1988-90 was 57 and for 1994-95 was 52 (compared to 98 and 130 respectively for men in prison). This finding is similar to community studies of suicide, which also show men to be at greater risk than women (Towl and Crighton, 1996).

White and Asian prisoners showed similar rates of suicide for the 1994-95 period whilst black prisoners showed much lower rates.



We would suggest that self-inflicted death rates as a proportion of average daily population are likely to produce an over-estimate of true rates of such deaths as the population of prison establishments is constantly changing and each establishment will hold in custody many more people than its average daily population. However, calculation on the basis of total receptions is likely to produce a significant under-estimate of risk of self-inflicted death due partly to double-counting. This is where a prisoner on remand receives a custodial sentence. Such prisoners are counted twice as receptions into prison. Estimates of the risk of self-inflicted deaths are further complicated by the possibility that prisoners experience particularly high risk periods whilst in custody. This is supported by the data in Table 9 which show a disproportionate number of self-inflicted deaths occur soon after reception to an establishment. Remand prisoners in particular may experience several distinct periods of remand. They may also be remanded to different establishments on more than one occasion within a single period of remand.

Similarly a prisoners first few days following sentencing may be a period of increased risk of self-inflicted death. Newly sentenced prisoners are likely to experience uncertainty about their futures. Many are likely to be transferred, in particular those receiving longer sentences. In addition such prisoners will lose many of the rights associated with remand status. Because of such factors accurate rates of self-inflicted deaths are likely to fall somewhere between the figures based on average daily population, and those based on receptions. It is clear (see Towl and Crighton, 1996) that those at high risk of killing themselves are disproportionately represented amongst those received into prison. This is similar to the situation in psychiatric facilities where studies have been conducted using statistical methods to correct for this (e.g. Copas and Robin, 1982). There would appear to be scope to conduct similar studies of both the whole prison population and also sub-populations within prisons (e.g. particular prisons, mentally ill prisoners).

Based on average daily population, it appears that remand prisoners are at higher risk of killing themselves than sentenced prisoners. However, calculated on the basis of receptions it is clear that the levels of self-inflicted deaths for sentenced prisoners in 1994-95 had increased to a level greater than that for remand prisoners.

For sentenced prisoners in both groups (1988-90 and 1994-95), those serving over 18 months were at higher risk than those serving shorter sentences. Those serving life sentences (or HMP sentences for Young Offenders) were at the highest risk of self-inflicted death, although the numbers of life sentence prisoners involved were small. Further research is needed to ensure that this result is not simply due to the small sample size. It may also be of value to further explore whether there is a link between length of sentence and increasing rates of self-inflicted deaths.

There was an increase in the proportion of prisoners who killed themselves whilst under F2052-SH procedures. It is unclear whether this is because of greater use of F2052-SH procedures, or a decrease in the efficacy of these procedures. Over both periods studied only a small minority of prisoners who killed themselves were subject to F2052-SH procedures.

Hanging continued to be by far the most common cause of death. The continued use of "unfurnished" cells in some establishments did not succeed in its stated aim of preventing deaths by this method. The continued, albeit reduced, use of such strip cell conditions in prisons appears to reflect a continued emphasis on attempts to physically prevent suicides, and to punish those who are felt not to be genuinely suicidal. This approach is liable to increase the level of social isolation and sensory deprivation experienced by prisoners. The continued use of strip cell conditions is also often at the expense of psychological and social interventions (Dexter, 1993; Dexter and Towl, 1994).

The level of recorded psychiatric disorders in the 1994-95 group of self-inflicted deaths was 23 per cent, and for 1988-90 (using a much broader definition of psychiatric disorder) was 38 per cent. Both levels



---

were lower than the population prevalence of 39.6 per cent for adult male prisoners, reported by Gunn et al. (1991). As noted above, the definition of psychiatric disorder used by Gunn et al. was considerably broader than that used for the 1994-95 sample in this study.

This result is somewhat surprising given the research evidence that those with particular psychiatric disorders show increased risk of suicide. Part of the difficulty is likely to be the definitions of psychiatric disorder used. The 1988-90 database recorded many cases of prior "psychiatric" disorder reported by prison medical staff, and included a number with diagnoses of "personality disorder", often broadly defined to include substance abuse and a variety of delinquent behaviours. This is similar to the definition used by Gunn et al. (1991) in which substance abuse, sexual deviations and personality disorders are included in the figure of 39.6 per cent. The 1994-95 data refer only to cases where a formal diagnosis of a psychiatric disorder was made, within the terms of the Mental Health Act (1983). Using a very broad definition of psychiatric diagnosis, 62 per cent of those who killed themselves had no psychiatric history. Using a more accurate definition for 1994-95 this had increased to 77 per cent.

There were a small number of cases where coroners verdicts included riders for lack of care and/or neglect. This is somewhat misleading since the majority of coroners appear to have either directed the jury to a verdict or formally excluded the option of a lack of care or neglect rider from consideration. There appears to be a lack of consistency in interpreting the law on this issue following the Regina vs Jameson case, which led to a more circumscribed definition of "lack of care". The occurrence of critical "box three" comments suggests that some juries may have felt unhappy with the directions they received: and that although they were critical of the levels of care afforded by particular establishments this was not reflected in the recorded verdict.

## Conclusions

The notion that there has been a marked rise in the rate of suicide in prison is supported by the data in this study. This broad conclusion appears to mask more complex trends though. In particular, the notion that remand prisoners are at greater risk appears to have been overstated by previous researchers who failed to fully address the question of throughput in Prison Service establishments. When rates are calculated on the basis of receptions the rates for sentenced and remand prisoners appear similar; and for the latter period it appears that rates of self-inflicted deaths for sentenced prisoners have increased to above the rate for untried prisoners. Indeed, for the 1994-95 period the rate for convicted unsentenced prisoners was less than half that for sentenced and untried prisoners.

Another clear finding from our study was that prisoners serving sentences over 18 months showed higher rates of self-inflicted death. This was particularly marked for those serving life sentences, although here the number of prisoners was small ( $n=6$ ). Analysis of a longer time frame would clarify whether the particularly high rate observed is genuine or alternatively an artefact of the small sample size.

A striking finding was the fact that more than 10 per cent of deaths occurred within twenty-four hours of arrival at an establishment. Within one month of arrival this had risen to 45 per cent. This would lead us to suggest that this is a particularly high risk period for those received into custody.

The quality of information recorded by SASU for the Prison Service improved dramatically for the period 1994-95 when compared to the earlier database. The use of information technology could be further developed to produce a more detailed record of self-inflicted deaths in prisons. This could be facilitated by investigating teams recording information in a way which allows direct entry to this database. Effective use of information technology could allow better recording and quicker and more accurate information retrieval.



---

There would appear to be clear advantages in the Prison Service conducting audits on the risk assessment and management of suicidal prisoners (see Towl, 1996). One clear advantage is that such audits would enable managers to identify areas of poor practices, rectify such problems and thus reduce the risk of suicides. Further research into suicides could also enable better targeting of resources, and so further reduce the rate of deaths.

## References

- BOGUE, J. and POWER, K. (1995) Suicide in Scottish prisons, 1976-93. *The Journal of Forensic Psychiatry*, 6, 527-540
- COPAS, J.B. and ROBIN, A. (1982) Suicide in psychiatric in-patients. *British Journal of Psychiatry*, 141, 503-511
- CRIGHTON, D.A. (1997) The psychology of suicide. In G.J. Towl (Ed.) *Suicide and Self-injury in Prisons*, DCLP 28. Leicester: British Psychological Society
- DEXTER, P.M. (1993) An investigation into suicidal behaviours at HM Prison Highpoint. Unpublished M.Sc. Thesis, Birkbeck College, University of London
- DEXTER, P.M. and TOWL, G.J. (1994) An investigation into suicidal behaviour in prisons. In N.K. Clark and G. Stephenson (Eds) *Criminal behaviour: Perceptions, Attributions and Rationalities*, DCLP 22. Leicester: British Psychological Society
- DOOLEY, E. (1990) Prison suicide in England and Wales, 1972-87. *British Journal of Psychiatry*, 156, 40-45
- GUNN, J., MADEN, A. and SWINTON, M. (1991) *Mentally Disordered Prisoners*. London: Home Office
- HOME OFFICE (1994) *Home Office Statistical Bulletin*, 21/94. London: HMSO
- HOUSE OF COMMONS (1990) *House of Commons Command Paper (cm1800). Prison Statistics for England and Wales (1989)*. Cambridge: Chadwick Healy
- HOUSE OF COMMONS (1996) *House of Commons Command Paper (cm3087). Prison Statistics for England and Wales (1994)*. Cambridge: Chadwick Healy
- McHUGH, M. (1996) Personal Communication. Prison Service
- MENTAL HEALTH ACT (1983). London: HMSO
- TOPP, D.O. (1979) Suicide in prison. *British Journal of Psychiatry*, 134, 24-27
- TOWL, G.J. (1996) Homicide and suicide: risk assessment in prisons. *The Psychologist*, September
- TOWL, G.J. and CRIGHTON, D.A. (1996) *The Handbook of Psychology for Forensic Practitioners*. London: Routledge

---

# Risk assessment and management of the suicidal

Graham Towl and Danielle Hudson

*In this paper we begin by briefly outlining some background information on suicide in prisons. Next, we explore and examine a number of demographic factors associated with suicide. Finally, we focus on factors informing risk assessment and management policies and practices within prisons.*

## Suicide in prisons: figures, facts and fallacies

The rate of self-inflicted deaths in custody has been a subject of concern in recent years. Research has estimated it to be approximately four times the rate in the community (e.g. Morgan and Owen, 1990; Liebling, 1992; Dexter, 1993). Accurately estimating comparative rates is fraught with difficulties, although most studies have concluded that suicide rates in prisons are higher than in the community. The rate also showed a steady increase through the 1980s: a total of 387 deaths having been recorded for the 10 year period between 1984 and 1994, with 60 deaths in 1994 compared with 27 in 1984 (Towl, 1996).

The increase can begin to be understood in part by the noticeable rise in the number of adolescents and young adults in the general population who complete suicide. This sector of the general population also make up a sizeable portion of the prison population. However, whilst this fact might go some way to explaining the rise in recent years, it does not explain the discrepancy between the recorded rate of suicide in prison and the recorded rate of suicide in the community.

It is useful at this point, to consider some of the factors which are thought to increase an individual's risk of suicide. Diekstra and Hawton (1987) identified certain factors based on a range of previous research studies. These include: a disrupted family background; a family background involving suicide; drug and alcohol addiction; failure at school; unemployment and depression. A number of these factors closely reflect many of the social factors (identified in longitudinal studies – Farrington, 1993) as being associated with crime (Towl and Crighton, 1996). A large proportion of those entering the prison system will therefore fall into a sub-group of the general population with an increased risk of suicide. Screening the prison population in order to identify individuals with a particularly high risk of suicide – if conducted on the basis of factors such as those mentioned above – would result in the generation of a sub-group containing a very large proportion of the prisoner population.

Even though suicide rates in prisons are high, completed suicides, in custody or otherwise, have a statistically low baseline (even at the peak of prison suicides in 1994, there were only 130 per 100,000 of the average daily prison population – Crighton and Towl, 1997). Therefore, whilst many of those arriving in prison fall within a sub-group of the population at an increased risk of suicide, very few of them will actually complete suicide. Thus, screening the prison population would generate a large number of "false positives" In other words, a large number of prisoners would be identified as having some of the life experiences and propensities associated with a higher risk of completing suicide than the general population. Such screening may have some utility in extreme cases; however, as a general method for reducing suicide rates it is limited.

A second difficulty is the potential for the generation of "false negatives". An example of a false negative



---

would be a prisoner who was not screened as being at a high risk of taking his own life, but who subsequently killed himself. More generally, a common conceptual error in risk assessment may be to assume that those individuals who do not demonstrate features consistent with identified risk factors, present no risk. This is based on the fallacious assumption that people fall into two such discrete categories.

Estimates of the level of risk of suicide are perhaps most helpfully construed as being on a continuum. Individuals will have differing levels of risk of suicide at different times. Towl and Crighton (1996) define risk within forensic settings "as a statement of probability in relation to a specified target behaviour" (for our purposes, the target behaviour is suicide). They go on to define risk assessment as encompassing both "an estimate of the probability of a target behaviour occurring" and "a consideration of the consequences of such occurrences" Given that the consequences of suicide are severe and irreversible, it is particularly important that the level of risk for an individual remains as low as possible.

Whilst many people who display the target behaviour (suicide) may have had a number of predisposing risk factors, this is not the case for all of them, e.g., not all of those who complete suicide are addicted to alcohol or drugs. Risk factors are sometimes mistakenly used to identify a group of individuals who, because they show no signs of a particular set of risk factors at one point in time, are pronounced to be of no risk. Using the factors in this way ignores individuals who may be at risk, or who may subsequently become at high risk of suicide. Risk has a dynamic quality and risk assessment needs to reflect this and recognize that an individual's level of risk of suicide will change over time, and will therefore require reassessment. Thus, we need to have a model encompassing both risk assessment and risk management.

We have seen that predicting low baseline target behaviour (such as suicide) is a process fraught with problems and practical limitations; nonetheless it is useful to consider in more detail the factors which have been identified as increasing the risk of suicide in the community. These can then be further considered in relation to the prison environment and its population.

## **Demographic factors associated with suicide**

Certain demographic groups exhibit higher rates of self-inflicted death than others. The suicide rate for men has been found to be three times higher than it is for women: and the rate for whites is twice as high as it is for nonwhites (African-Americans and Hispanics). It appears that parental status is a better marker for increased suicide risk than marital status, i.e., responsibility for children under age 18 indicated a lower risk of suicide (National Centre for Health Statistics, 1992). The importance of such family ties has also been indicated in a more recent British study (Jones, 1996). This could therefore be described as a protective factor for those contemplating suicide since it might reduce that individual's risk of suicide.

Hawton (1986) identified certain factors associated with an increased risk of suicide by overdose in young people. These included coming from a large family; not living with parents; having disturbed relationships; having alcoholism in the family; alcohol or drug abuse; social isolation; poor school record; chronic problems or behavioural disturbance; and having made a previous attempt at overdose/self-injury. Whereas the most common method of suicide in prisons is by hanging, parallels may legitimately be drawn with the backgrounds of those who complete suicide by overdose, since the method used often reflects the availability of particular methods.

Studies of suicide in the community, have revealed that unemployment greatly increases an individual's risk of suicide, and that the risk increases markedly as time spent unemployed increases. The suicide rate for those unemployed for more than six months was found to be six times the rate for employed



---

people; and the rate for those unemployed for over 12 months was 19 times the rate for employed people (Platt and Kreitman, 1984). This is a good example of the dynamic nature of risk factors. In practical terms, one implication of this is that assessment of risk should include a specified time boundary. Thus, in risk management terms, there needs to be a structured process for reviewing suicidal individuals.

In sum, assessment of risk of suicide in prison must be based upon a consideration of both environmental and individual factors, and the complex and dynamic interaction between them.

## **The prison environment: risk assessment and management**

Whilst a number of risk factors are, to a large degree, set on arrival within the institution, the effects of the additional stress presented by the prison environment can be manipulated by staff and managers to decrease the risk of suicide. Imprisonment involves physical and psychological upheaval. Remand prisoners, it has been claimed, have been found to be at a particularly high risk of suicide (Topp, 1979; Hankoff, 1980; Lloyd, 1990). Dooley (1990) found that remand prisoners accounted for 47 per cent of the deaths in custody, whereas they only made up 11 per cent of the prison population. A number of explanations for this difference in rates have been posited – for example, prisoners on remand experience greater stressors, including the management of their uncertainty about whether or not they will be found guilty (Lloyd, 1990); the psychological impact of the loss of freedom; the shock of the regime in comparison with community life; and the sudden apparent lack of support from friends. Recent research indicates that the emphasis placed on prisoner status as a risk factor has perhaps been overstated. However, the first month of incarceration (whether as a sentenced or remand prisoner) is a period of significantly elevated risk of suicide (Crighton and Towl, 1997).

Unemployment, particularly long-term unemployment, has been shown in community studies, to greatly increase an individual's risk of completing suicide (Platt and Kreitman, 1984). There are high levels of unemployment amongst prisoners prior to their imprisonment (Jones, 1996). Indeed, in Dexter and Towl's (1995) sample of suicidal prisoners, 77 per cent reported being unemployed prior to their imprisonment. This highlights the particular importance of constructive supervised employment for prisoners, either in a job or in education. Regrettably, many prisoners are unemployed within prison. Preventative strategies using the positive aspects of the regime were advocated in Dexter and Towl (1995), who stressed the need for positive staff/prisoner relationships, secure accommodation, telephones and appropriate visiting facilities. Many of the risk factors listed earlier were centred around a lack of social support (e.g. not living with family; disturbed relationships). In one study (Jones, 1996) prisoners who had been identified as being at an unacceptably high risk of suicide were compared with a control group. A number of interesting differences between the groups emerged. Firstly, 75 per cent of those identified at risk, were not in an established relationship, compared with 47 per cent of the control group. Secondly, only 42 per cent of those identified 'at risk' had children, compared with 74 per cent of the control group. Such factors may very well have a direct bearing on feelings of isolation (Jones, 1996) and contemplation of suicide. Prisoners' contact with significant others and support networks outside the institution are sometimes severely limited, and thus can increase an individual's risk of suicide. To ensure that this effect is minimised, access to telephones and visits may well be important (Dexter and Towl, 1995).

We have seen how a number of prisoner sub-groups (e.g., prisoners being held in local prisons) may be at a heightened risk of suicide. However, an awareness of such sub-groups being over-represented in the suicide figures is less important, in our view, than the need to focus on the behaviour and thoughts of prisoners who contemplate suicide. A parallel may be drawn with the more successful health promotion campaigns for HIV and AIDS, which focused on high risk



---

behaviours rather than high risk groups. One potentially high risk behaviour is the pattern of thinking linked to suicide which may precede an attempt. In terms of thoughts associated with suicide, Dexter and Towl (1995) outlined the following ideational typology

- a) Thoughts indirectly related to suicide, but no evidence of suicide having been considered as a possible or desired option.
- b) Thoughts suggesting suicide has been considered, but no intention of carrying it out.
- c) Thoughts suggesting a desire to complete suicide, but no evidence of making plans to carry it out.
- d) Thoughts indicating a desire to complete suicide and planning how to do it.

This information informs decision-making about whether or not to initiate F2052SH procedures (a Prison Service management tool discussed in more detail below) and how to develop and implement an appropriate plan for risk management. (For more detail on individual assessments of the risk of suicide, see Bongar, 1992; and Towl and Crighton, 1996).

Bullying has also been identified as a behaviour leading to increased risk of suicide amongst young offenders (Inch et al., 1995). The implementation of effective anti-bullying strategies, especially in Young Offender Institutions, may reduce the risk of prisoners completing suicide.

As discussed above, the low baseline of suicide means that even with the most accurate risk assessment, it is very unlikely that it will be possible to successfully predict every person who will complete suicide. Given this, it seems sensible to concentrate on some proactive aspects of risk management, which acknowledge the fact that suicides may well take place, but work to minimise the additional stress placed upon the individual by the prison environment – thus significantly decreasing the risk of suicide for prisoners.

Prison service policy involves the use of a document known as the F2052SH to help facilitate the effective management of those prisoners considered to be at an unacceptably high risk of suicide. The approach is multidisciplinary with a unit (usually wing) manager responsible for the co-ordination of the team approach. The F2052SH is completed by staff and usually kept on the wing so that staff involved in working with the prisoner have a readily available summary of the prisoner's difficulties. It also enables staff to record their observations in a common and accessible document. Any member of staff may initiate the use of an F2052SH form and procedures if they are concerned about a prisoner whom they believe to be at an unacceptably high risk of suicide. Effective monitoring, good communications and a focus on helping the prisoner with their problems are at the very core of the policy. This is reflected in the structure of the F2052SH (Prison Service, 1994). However, most important of all, is a professional response by staff to the distress experienced, and sometimes expressed, by suicidal prisoners.

One frequently used term, both inside and outside prisons, is "threatening suicide" One would not speak of someone who was feeling depressed as "threatening depression", therefore it seems absurd that the term "threatened" should be routinely juxtaposed with suicide. The use of the term does not help in the management of the suicidal, it simply serves to demean the individual prisoner.

In conclusion, we have seen how a number of groups of people who are at an increased risk of suicide are over-represented in the prison population. Also, we have noted that prison experiences may effectively serve to make manifest some of the latent risk factors prisoners have on arrival in prison. A pervasive theme in understanding suicidal prisoners is the sometimes damaging effects of feelings of social isolation and a lack of social support. We have stressed the importance of focusing upon the thoughts and behaviours of suicidal prisoners in order to help individuals with their difficulties, and thereby reducing their risk of suicide.



## References

- BACKETT, S. (1987) Suicides in Scottish prisons. *British Journal of Psychiatry*, 151, 218-221
- BONGAR, B. (1992) *Suicide: Guidelines for Assessment, Management and Treatment*. Oxford: Oxford University Press
- CLARK, D.C. and FAWCETT, J. (1992) Review of empirical risk factors for evaluation of the suicidal patient. In B. Bongar (Ed.) *Suicide: Guidelines for Assessment, Management, and Treatment*. New York: Oxford University Press
- CRIGHTON, D.A. and TOWL, G.J. (1997) Self-inflicted deaths in prisons in England and Wales: analyses of 1988-90 and 1994-95. In G.J. Towl (Ed.) *Suicide and Self-injury in Prisons*, DCLP 28. Leicester: British Psychological Society
- DEXTER, P.M. (1993) An investigation into suicidal behaviours at HM Prison Highpoint. Unpublished MSc Thesis. University of London
- DEXTER, P. and TOWL, G.J. (1995) An investigation into suicidal behaviour in prison. In N.K. Clark and G.M. Stephenson (Eds) *Criminal Behaviour: Perceptions, Attributions and Rationalities*, DCLP 22. Leicester: The British Psychological Society
- DIEKSTRA, R.F.W. and HAWTON, K. (Eds) (1987) *Suicide in Adolescence*. Dordrecht: Martinus Nijhoff Publishers
- DOOLEY, E. (1990) Prison suicide in England and Wales 1972-1987 *British Journal Of Psychiatry*, 156, 40-45
- FARRINGTON, D.P. (1993) The challenge of teenage anti-social behaviour. Paper prepared for the Martach Castle conference on 'Youth in the Year 2000'
- HANKOFF, L.D. (1980) Prisoner suicide. *International Journal of Offender Therapy and Comparative Criminology*, 24, 461-484
- HAWTON, K. (1986) *Suicide and Attempted Suicide Among Children and Adolescents*. Beverly Hills, CA. Sage Publications
- HM PRISON SERVICE (1993) *Caring for the Suicidal in Custody* Crown Copyright
- INCH, H., ROWLAND, P. AND SELIMAN, A. (1995) Deliberate self-mutilation in a young offender institution. *Journal of Forensic Psychiatry*, 6(1), 66-71
- JONES, N. (1996) An empirical study of suicidal behaviour in prisons. Unpublished MSc Thesis. University of London
- LIEBLING, A. (1992) *Suicide in Prison*. London: Routledge
- MORGAN, H.G. and OWEN, J.H. (1990). *Persons at Risk of Suicide, Guidelines on Good Clinical Practices*. Nottingham: Boots plc.
- PLATT S. and KREITMAN N. (1984) Unemployment and parasuicide in Edinburgh 1968-1982. *British Medical Journal*, 289, 1029-1032
- TOPP D.O. (1979) Suicide in prison. *British Journal of Psychiatry*, 134, 24-27
- TOWL, G.J. and CRIGHTON, D.A. (1996) *The Handbook of Psychology for Forensic Practitioners*. London: Routledge
- TOWL, G.J. (1996) Homicide and suicide: risk assessment in prisons. *The Psychologist*, September, 2-4



7.12 Towl, G. J. (1995) (Ed) *Groupwork in Prisons*. Leicester: British

Psychological Society.

(3 selected extracts)

---

# Groupwork in prisons: An overview

**Graham Towl and Jo Bailey**

## **Introduction**

In this paper, we have two related aims. Firstly, to provide an exploration of the groupwork approach to interventions and secondly, to give an overview of what groupwork occurs with prisoners. The paper will include discussion of some of the issues relating to groupwork practice in prisons. Such a focus will hopefully be of use to those who intend to, or are already involved in, groupwork in prisons. We will concentrate on providing a general overview of groupwork. Penal establishments such as HMP Grendon and the Annex at HMP Wormwood Scrubs work on a therapeutic community basis, which by their very nature involves groupwork. This paper does not include coverage of such specialist facilities. This paper is about groupwork which takes place in "mainstream" prisons.

## **What is groupwork?**

When dealing with the concept of "groupwork" it is helpful to look at what is meant by the term. Different agencies use the term "groupwork" in a variety of ways. For example, these can include a highly structured groupwork approach, or a more unstructured one. A group may be "closed", in that the group membership remains the same over time, or "open", where the group may allow new members to join at any time. Alcoholics Anonymous groups run on the latter basis. There is also a broad distinction in prison between "offending behaviour" groups (e.g. sex offender treatment) and "enabling" or "development" groups (such as anxiety management groups).

Definitions of groupwork tend to have different focuses depending upon diverse (environments and) ideologies. Konopka (1963) states that "social groupwork is a method of social work which helps individuals to enhance their social functioning through purposeful group experiences, and to cope more effectively with their personal, group or community problems".

As Brown (1989) notes, the emphasis of this definition is a traditional one, of "helping the individual with a problem." He emphasises an "action and influence" in addition to a "reaction and adaptation" approach in groupwork, and so provides the following useful working definition of groupwork:

groupwork provides a context in which individuals help each other; it is a method of helping groups as well as helping individuals; and it can enable individuals and groups to influence and change personal, group, organizational and community problems.

We feel that this working definition is applicable to groupwork in prisons.

In the next section of this paper we will address the issue of why we may use groupwork as an intervention method. Groupwork has gained in popularity since the 1960s, from its beginnings in North America. There are a number of advantages and disadvantages to groupwork compared with individual case work. Brown (1989) lists several advantages (and disadvantages), two of each we list below and consider in terms of the prison context. We begin with two advantages.



## **Advantages of a groupwork approach**

### ***Attitudes, feelings and behaviour may be more effectively challenged in a group situation***

Attitudes, feelings and behaviour may sometimes be more effectively changed and challenged in a groupwork setting. One reason for this is that group members often tend to be more receptive to the views of their peers.

A specific example within the prison context can be seen in sex offender treatment groups. The Sex Offender Treatment Programme (SOTP) may include offenders at different stages of denial and change within the same group. It is common to find that, initially, a sex offender may deny aspects of their offending behaviour as a means of psychologically coming to terms with their offence. The general pattern is for an offender to begin with a high level of denial, which reduces as the offender is effectively challenged. If a group contains offenders at different stages of denial, they will be able to challenge and help one another better understand their offending. For a more detailed and lucid discussion of sex offender groupwork in prisons we would refer the reader to Crighton (1995).

### ***Groupwork may be a more economic use of facilitator time and effort***

Brown (1989) acknowledges that groups are complex to plan, organize and implement. Indeed, at a general level, we believe it fallacious to assume that groupwork is necessarily more cost-effective than individual work. It is at the organizational and implementation stages that much resources are used in prisons. For example, organizationally, individual interviews of prospective candidates for groupwork can involve a significant investment in terms of time and effort. However, we would contend that time spent in ensuring the appropriate selection of candidates for particular types of groupwork is generally time well invested. We regard the selection process as an essential, although sometimes overlooked, element of what is sometimes termed "treatment integrity" (e.g. Goldstein and Keller, 1987). In practice, if groupwork facilitators do not exert strict control over the selection process, then unsuitable candidates may be "allocated" to the group, or the group may simply not have enough participants.

In looking at whether or not groupwork is economical as an intervention method in prisons, we feel that two key issues require consideration. First, at a very basic level, how many hours of "groupwork activity" per prisoner, are provided in relation to the number of hours spent by facilitators in the planning, organization and implementation of programmes. Second, and ultimately perhaps most importantly, how effective are the outcomes of the particular groupwork intervention compared to other approaches.

Three strategies for enhancing the economic effectiveness of groupwork are as follows;

- i) ensuring the appropriate selection of candidates
- ii) using experienced facilitators
- iii) having a groupwork programme which is an integral part of the prison regime.

## **Disadvantages of a groupwork approach**

### ***Confidentiality is more difficult to maintain than in one-to-one work***

One of the disadvantages with groupwork is that by increasing the number of individuals party to some information, we decrease the control over the confidentiality of that information. Any information pertaining to the security of the prison, or possible harm to any individual must be passed on. By contracting the group rules at the beginning of any group it is possible to make clear the limits of confidentiality and how they apply to *all* group members. Prisoners may not wish to disclose some sensitive information to other prisoners because of the potential consequences (e.g. being labelled a "nonce", or sex offender). As a "rule of thumb" one may advise prisoners to say as much or as little as they feel able to. However, it is helpful to encourage active participation by group members. It is also helpful if facilitators are mindful of the fact that some group members may be prone to "over disclosure" of personal material. It is incumbent upon facilitators to take all reasonable steps to protect such potentially vulnerable participants and if necessary actively intervene.



### *Group membership can increase labelling and stigma*

Some groups may attract labels, either imposed by the organization or colloquially by other individuals. As noted above, the Sex Offender Treatment Programme may be referred to as the "nonce" group. Such stigmatized labelling can have potentially damaging consequences for participants (for example, they may be assaulted) and may deter others from attending a group.

## **Organizational, planning and practice issues in doing groupwork in prisons**

Below we list a number of issues which we feel are important to consider when embarking upon the organization, planning and practice of groupwork interventions in prison.

### *Spaced versus massed practice*

The notion of spaced and massed practice in psychology is rooted in learning theory. In broad terms, we learn more effectively if "learning activities" are undertaken with "spaces" between such sessions. This allows for the consolidation of learning. With "massed practice", i.e. using one lengthy session, learning is generally less successful. Whereas the precise distinction between such terms is somewhat arbitrary, for our purposes we take "massed" practice to mean where sessions are run consecutively (e.g. morning and afternoon sessions on consecutive days for the duration of the intervention). By "spaced" practice we refer to sessions run with significant gaps between them (e.g. sessions may run once weekly). There are a number of advantages and disadvantages to each approach.

Where group sessions are "spaced", for example, individuals have the opportunity to practise skills and strategies in between sessions. Where they are "massed" together, group members do not have the same opportunity. However, where sessions are "massed", individuals within the group are more likely to preserve a stronger sense of group membership which may facilitate learning, whereas with "spaced" practice, individuals are less likely to experience a sense of group membership to such an extent. Also, in terms of the content of sessions, group members are more likely to recollect the session content if sessions are "massed", unless remedial measures are taken. Such measures may include reviews of the previous session's content at the beginning of each new session, which can be time consuming, but also helpful in focusing the group.

Not only are there advantages and disadvantages in terms of learning and group dynamics, there are also operational considerations. Prisons vary in their "throughput" of prisoners. For example, a local prison is likely to have a prison population that alters rapidly with prisoners having short lengths of stay, whereas a dispersal prison may have a large number of long-term prisoners with comparatively long lengths of stay in that prison. Clearly, this will affect the decision of whether to mass or space the sessions, as will the continuity of facilitators. Generally, it is important to maintain facilitator continuity, although this will depend on the type of group. For example, it will not be as important for "educational" groups (e.g. alcohol or drug awareness groups) as for groups where the facilitators are involved in challenging attitudes (e.g. sex offender groups and anger management groups). In practice it is often more difficult to maintain facilitator continuity where a course runs over a series of consecutive weeks.

### *Group processes and packages*

Treatment "packages" in prison have been developed to be delivered largely along training lines. Put most starkly, the emphasis is on delivering a course rather than on facilitating the groups' processes. The National Anger Management Course, SOTP and Cognitive Skills Course come in a "packaged" form. Prison staff are trained in the delivery of these packages rather than trained in generic groupwork skills.

There are obvious advantages to the package approach, including an increased likelihood of maintaining treatment integrity and related greater potential for national large-scale evaluations. Planning time for facilitators is also reduced, making packages more economic in terms of facilitator time and effort.

The "training approach" clearly has a number of benefits. However, there can be a tendency for "trained staff" to focus too much on the precise content of the "package" at the expense of an awareness and understanding of important group processes.

It may be more fruitful to train facilitators in general groupwork skills. Once they have the skills necessary for managing a group effectively, they can facilitate groupwork across a range of areas,



subject to a review of the content of prepared packages and an awareness of specific issues associated with them.

### *Group size is important*

In general, a group size of five or six members is often ideal (Brown, 1989). This size of group allows for some degree of individual attention for each group member, but does not place them under as much scrutiny as in a group of three or four. The ideal group size will vary depending on the type of groupwork. For example, "educational groups" will be able to contain a larger number of participants than groups where attitudes and behaviours are challenged as there will not be the same need for an individual focus.

Some types of groupwork benefit greatly from having two facilitators. One of the benefits of having two facilitators is that one may focus primarily on the content and the other on the processes for each session. Particularly with more demanding groups facilitators will benefit from such mutual support, in turn so will participants.

Given that one of the arguments for groupwork is the economical use of resources there may be organizational pressures to run even larger groups. Certainly, in terms of recruitment, it may be helpful to plan to begin a group with eight or 10 members in order to retain five or six by the end of the group. Within prison, it is usual that one or two individuals will not show for the first session, for a range of reasons. Some of these factors can be planned for to some degree (see below in "selection issues").

### *Selection issues*

The selection of individuals for groupwork is crucial. Given that the group processes aid the effectiveness of groupwork, we should be looking to enhance such processes in selecting appropriate group members.

As alluded to earlier, by selecting individuals at different stages of change, it can assist facilitators in using the group in challenging others.

When selecting candidates for groupwork in prisons, practitioners may find the following general checklist useful:

- Have they any commitments which will interfere with their attendance (e.g. visits/transfer)?
- Is this the most suitable group for their particular problem or need?
- Would they be more suited to individual work, and if so, are there resources available?
- Will they feel "comfortable" working within a group setting?
- What is their motivation for attending the group?
- Will they work effectively within a group?

The selection process will generally involve an individual interview. In structuring the individual selection interview, it is often helpful to present "selection" as a matching process. Hence, some individuals' needs are suited to particular groups, just as some groups are better suited to the needs of certain individuals. This approach reduces the stigma of potentially apparently "failing" the selection procedure for the group, and encourages the idea that we need to carefully assess, then match an individual's particular needs with any group (or indeed individual work) to provide the most effective intervention.

Most groupwork in prisons is facilitated by probation officers, hence some members of probation departments in prisons are likely to have experience of groupwork. Practitioners starting off in groupwork may find it helpful to talk with others who have run groups in the prison.

Prisoners may have different reasons for wanting to attend groupwork programmes. Some may have a genuine wish for change. Others, may be motivated primarily (or indeed exclusively) by incentives such as early parole. Although it could be argued that by attending the group, an individual will gain some knowledge or insight, it is possible that some will attend and take nothing away from the group, and potentially damage the process for other group members.

In sum, we have looked at some of the advantages and disadvantages of using a groupwork approach in helping people change. We have also looked at some of the manifold organizational, planning and



practice issues associated with doing groupwork in prisons. In the next section of this paper we give a brief summary of what groupwork is undertaken in prisons in England and Wales.

## **What types of groupwork are prevalent in prisons?**

In this section we briefly refer to two surveys of groupwork conducted within the Probation Service (namely Barr, 1966 and Caddick, 1989) and a more recent survey of groupwork in prisons in England and Wales (Towl and Bailey, 1993).

Barr (1966) published *A Survey of Groupwork in the Probation Service*. He found that groupwork was relatively rare in Britain in the 1960s. He found that approximately a quarter of the probation areas which responded to his survey had employed group treatment methods, but only by a few of their probation officers for a limited time. Barr's survey detailed the experience of those probation staff running groups with offenders, their reasons for doing so, and their feelings about the groupwork approach. He found that the reasons for starting groupwork were many and varied. The most frequently reported reason was that "groupwork may overcome some of the limitations of individual work with certain offenders; for example, offenders who were inarticulate". A curious, yet significant assumption. Almost all of Barr's respondents thought that groupwork had advantages for both assessment and treatment compared with individual work. However, approximately one third of respondents thought that it also held disadvantages for assessment, and two thirds for treatment. In short, Barr's findings fell far short of providing an endorsement of a groupwork approach to helping offenders change.

Caddick and Brown (1989) carried out a survey of the use of groupwork with offenders in the probation service. Caddick (1991) discusses the results of this survey. He reports a high response rate (77 per cent) from the probation services contacted. Only 16 per cent reported doing no groupwork. The results promote the idea that groupwork was no longer the marginal activity it had been in the 1960s. Amongst the results of the Brown and Caddick survey are details of the most frequently offered groups in different probation settings. For the purposes of this paper, we will detail the findings for the prison setting, where the total number of groups reported was 211.

The five most frequently offered groups are shown below, as a percentage of the total number of groups offered.

- 1) Alcohol education (11 per cent)
- 2) Life and social skills (10 per cent)
- 3) Temporary release (10 per cent)
- 4) Lifer support group (10 per cent)
- 5) Induction (to the prison) group (9 per cent)

We can compare these figures with the results of a national survey into groupwork in prisons conducted in 1993 by Towl and Bailey. This covered 128 prisons in England and Wales, with a 66 per cent response rate from a cross-section of prison types. The most commonly reported groupwork types were as follows;

- 1) Offending behaviour (14 per cent)
- 2) Alcohol (14 per cent)
- 3) Drugs (13 per cent)
- 4) Anger (10 per cent)

These four types accounted for 51 per cent of all groupwork types reported. A further 24 per cent was accounted for by anxiety management, social skills, lifer groups and sex offender groups. Approximately a quarter of groupwork reported was recorded as "other" on the survey questionnaire. There were 32 different types of groupwork included in this "other" category. These included groups such as "parenting" and "joy-riding". The majority of these "other" groups were accounted for in women's prisons.

Much groupwork in prisons tends to be based on a cognitive-behavioural approach. This is the case for the three national programmes; the SOTP, the Anger Management Programme, and more recently the Cognitive Skills package.



As listed above, the eight most commonly reported groupwork types in the Towl and Bailey survey were offending behaviour, alcohol, drugs, anger, anxiety management, social skills, lifer groups and sex offender groups. We will briefly give an overview of each of these groupwork types below.

### *Offending behaviour groups*

Offending behaviour groups (e.g. Priestly and McGuire, 1985) are relatively popular, accounting for 14 per cent of all groupwork in the Towl and Bailey (1993) survey. It tends to be offered as a structured, short-term programme (Caddick, 1991) which promotes individual change.

These groups offer offenders the chance to work directly on their offending behaviour by making explicit the choices and issues relevant to offending behaviour, and helping those who wish to do so to completely change or modify their behaviour. Offending behaviour groupwork is based on the assumption that offenders can be helped to understand the consequences of their behaviour, acknowledge that they are accountable for them and be encouraged to choose different behaviours in the future. Offending behaviour groups are heterogeneous in nature, for example, participants will present with a variety of offending behaviours for which the issues and choices needing to be addressed will differ between individuals and also between groups.

Towl and Bailey (1993) found that the most common facilitators of offending behaviour groups in prison were probation officers. The common limitations identified with this type of groupwork were the difficulties associated with follow-up, and the fact that often times individual problems were not dealt with in enough depth.

### *Alcohol groups*

Alcohol groups exist in a variety of forms, including educational groups such as alcohol awareness courses, and groups facilitated by Alcoholics Anonymous. The former tend to focus primarily on promoting awareness of health issues associated with excessive alcohol ingestion. Generally, they advocate "controlled drinking" based on a knowledge of what is and is not harmful. Abstinence may also be examined as a strategy for some participants. This is invariably the case with Alcoholics Anonymous groups. In the prison setting, prisoners are often referred to "alcohol" groups because of concerns that their alcohol consumption is directly or indirectly associated with their offending.

Towl and Bailey (1993) found that alcohol groups in prison are most often run by probation officers, but there is also a high input from outside agencies (e.g. Alcoholics Anonymous). This survey also suggested that alcohol groups tend to be "open" groups where participants can attend any number of sessions. A common limitation reported for this type of groupwork was that prisoners are unable to "test" their learning appropriately in a prison environment, given that alcohol is, in principle, not available.

### *Drug groups*

Drug groups may focus on the implications of illicit drug use for offenders who are to some extent aware that their drug usage causes problems in their lives. Groups may aim to raise participants awareness regarding the role drugs have played in their lives, to consider the legal aspects and long-term consequences of drug use, and explore the available options in order to develop an "action plan" for the future.

The Towl and Bailey (1993) survey indicated that many drug awareness courses were linked with HIV/AIDS awareness courses. In terms of facilitators, probation officers and outside agencies were equally represented most commonly.

The identification and targeting of participants for this type of groupwork can create problems. Courses are often aimed at prisoners who realise they have a problem but have not yet tackled it. There may be a conflict of interest in the differing expectations of participants and facilitators regarding abstinence versus safer use. The possible availability of drugs in the prison may also make it difficult for a prisoner to remove him/herself from the "drug culture". It is also possible that by identifying themselves as in need of help, an individual may become more of a target for "pushers" within the prison.

### *Anger management groups*

Anger management groups account for 10 per cent of groupwork in prisons (Towl and Bailey, 1993). The groups are most commonly run by probation officers, although psychologists facilitate more



anger control groupwork than they do of other types of groupwork. There has been a shift away from psychologists facilitating anger control groups with the advent of the National Anger Control Treatment Programme which is written explicitly for prison officers to facilitate. Psychologists appear to be used in more of a "consultancy" role.

### *Anxiety management*

Group interventions aimed at reducing symptoms of anxiety have included a focus on depressive symptomatology. Cognitive Behavioural Techniques (e.g. Beck, 1976) have been shown to be effective in reducing levels of trait anxiety and depressive symptomatology in both individuals and groups (e.g. Cadbury *et al*, 1990). Groups may include strategies such as distraction techniques to reduce negative ruminations (e.g. Fennell and Teasdale, 1984), strategies to aid sleep (e.g. not sleeping in the day) and relaxation exercises such as Ost's (1987) "applied relaxation training".

Anxiety management groups are not that common in prisons. Given the often high levels of anxiety and depression experienced by prisoners, this may be surprising. However, given the disadvantages of groupwork in terms of confidentiality and labelling it is often difficult to start up such groupwork. Also, in practice our observations are that, as a general rule "enabling groups", (e.g. anxiety management) are less likely to benefit from the full support of prison managers and staff than groups which address offending behaviour directly.

### *Social skills groups*

The rubric "social skills" is used to cover a broad range of behavioural activities. Groups, potentially, provide a good environment for individuals to learn, develop and practice social skills. Individuals may have the opportunity to learn new skills and further develop existing skills. Oftentimes skills learning is focused at a micro-behavioural level, e.g. aspects of non-verbal communication such as "facial expression". Such identified behaviours may be practiced using role play. A major issue which has bedeviled much social skills work is that of effecting behavioural change which is generalised to other environments.

### *Lifer groups*

Life sentenced prisoners serve long sentences. The precise length of such sentences is indeterminate. A life sentence may be given for murder or other very grave offences. The latter three points may be used to helpfully inform us of the particular needs of lifers in groupwork settings. Broadly, lifers require information, support and treatment work. Information about the complexities of the rapidly changing lifer system is important throughout the sentence. Support, in terms of facilitating adaptation to such a long sentence with all its personal implications is important. Particularly given the grave nature of offending which is involved with the award of a life sentence there are often important "treatment" needs for lifers. Groupwork interventions may provide a useful setting in which to share information and provide mutual support. Treatment interventions can also be helpful using groupwork.

### *Sex offender groups*

The national Sex Offender Treatment Programme is the largest centrally co-ordinated groupwork treatment programme in prisons. It is targeted at sex offenders who are serving sentences of at least four years. The programme is structured to facilitate participants in understanding their thoughts and behaviours which are the antecedents to their offending. Thoughts and behaviours which increase the risk of re-offending are also addressed. In terms of the content the course includes sessions on cognitive distortions, Finhelhor's (1984) precondition model of offending, victim empathy, the consequences of offending and relapse prevention work.

## **Suggested further reading**

The following books may be of interest to the reader.

BROWN, A. (1989). *Groupwork*. Second Edition. Gower Publishing Group. London.

Brown's book provides a comprehensive introduction to the area of groupwork. It will be of interest to anyone who wishes to become familiar with the area, covering all aspects from the concept of groupwork, through the planning stages, facilitating groups, group processes and evaluation. It is



written from a social work perspective, with very few references to the prison context, but will be useful as a general guide to those from all disciplines.

BROWN, A. and CADDICK, B. (1993). *Groupwork with Offenders*. Whiting and Birch Ltd. London. This book is broken into three parts, covering a general introduction to groupwork within the probation service, groupwork within prisons, probation hostels and day centres, and community based groupwork with offenders. It is an edited work, with papers covering a range of subjects, including many of the issues pertinent to facilitating groupwork with offenders. There is a strong emphasis towards groupwork linked with the probation service, some of which is prison-based.

## **Bibliography**

BARR, H. (1966) *A Survey of Group Work in the Probation Service*. HMSO. London.

BECK, A.T. (1976) *Cognitive Therapy and the Emotional Disorders*. New York: International Universities Press.

BROWN, A. (1989) *Groupwork*. Second Edition. Gower Publishing Company. London.

CADBURY, S. *et al* (1990) Group Anxiety Management: effectiveness, perceived helpfulness and follow-up. *British Journal of Clinical Psychology*, 29(2), 245-247.

CADDICK, B. (1991) Using Groups in Working with Offenders; A Survey of Groupwork in the Probation Services of England and Wales. In A. Brown and B. Caddick (Eds) *Groupwork with Offenders*. Whiting and Birch Ltd. London.

CRIGHTON, D. A. (1995) Sex Offender Groupwork, In *Groupwork in Prisons*, Towl, G. J. (Ed) Occasional Papers, No. 23, Stephenson G. M. and Clark N. K. (Series eds) DCLP, British Psychological Society, Leicester.

FENNEL, M.J.V. and TEASDALE, T.D. (1984) Effects of Distraction on Thinking and Affect in Depressed Patients. *British Journal of Clinical Psychology*. In S. Shepherd (1991) *A Brief Intervention for Anxiety and Depression*. Prison Service Psychology Conference Proceedings.

FINKELHOR, D. (1984) *Child Sexual Abuse: New theory and research*. New York: Free Press.

GOLDSTEIN, A.P. and KELLER, H. (1987) *Aggressive Behaviour Assessment and Intervention*. Pergamon Press. New York.

KONOPKA, G. (1963) Social Groupwork; A helping process. In A. Brown (1989) *Groupwork*. Second Edition. Gower Publishing Company, London.

McGUIRE, J. and PRIESTLY, P. (1985) *Offending Behaviour: Skills and strategies for going straight*. Batsford Publishers, London.

OST, L.G. (1987) Applied Relaxation: description of a coping technique and review of controlled studies. *Behaviour Research and Therapy*, 25, 397-410.

TOWL, G.J. and BAILEY, J.E. (1993) Provisional Findings from a Survey of Groupwork in Prisons in England and Wales. *Division of Criminological and Legal Psychology Newsletter*, No. 35, October 1993, British Psychological Society, Leicester.



# Evaluation issues in groupwork

**David Crighton and Graham Towl**

Evaluation is one aspect of groupwork which is frequently overlooked completely, or alternatively done poorly as an afterthought. Evaluation of groupwork interventions in prisons is not widespread. Where there is evaluation it is most commonly wholly inadequate (Towl and Bailey, 1993). Good evaluation is, we would suggest, a fundamental aspect of any effective intervention.

We begin this paper by looking at some of the main reasons for evaluating groupwork. From there we go on to look at some of the practical problems involved in making meaningful evaluations. Finally we briefly discuss the importance of evaluating the inevitable cases of individuals who do not appear to benefit from such work.

## **Why evaluate groupwork?**

Careful evaluation should be a part of the process of any groupwork intervention. There are some clear advantages for facilitators in taking this approach. Perhaps most obviously evaluation lets us measure treatment impact, both during and after the intervention. Evaluation during the group allows revision and development of the group treatment approach and to abandoning of unproductive approaches (Hayes, Barlow and Nelson, 1984).

Following on from this detailed evaluation also enhances the available knowledge base for that particular type of intervention, and possibly also related interventions. In turn this allows further development of therapeutic techniques (Azrin, 1977; Meehl, 1978; Barlow, 1980). If this seems obvious it is perhaps worth noting that such "logical" thinking is not a "natural" aspect of much of human thought (see for example Kahneman and Tversky, 1980). The development and long term use of profoundly illogical treatments, of no efficacy, bears testimony to this. For example, the use of insulin coma treatments for psychotic disorders (see Warner, 1994).

Careful evaluation also allows us to reasonably draw the conclusion that the treatment intervention, and not other factors, produced the measured changes. Numerous factors may contribute to the manifestation of apparent rather than real treatment effects. For example, in the final session of groupwork programmes evaluation forms are sometimes distributed. Positive outcomes reported by participants may be a product of that intervention working, or they may be the product of group processes, whereby the participants have simply, for example, enjoyed working together as a group. A group member who has "enjoyed" the experience of working within a group may be less likely to report, or fully acknowledge limitations of any treatment effects of the group. Thus, the group setting may influence participants evaluation reports by almost "demanding" particular responses from them. In the psychological literature such biases are sometimes referred to as "demand characteristics" of undergoing treatment (Kazdin, 1980). Facilitators are not immune to such processes themselves.

Finally we would suggest that thorough evaluation has a key role in accountability, to both recipients and service providers. It seems quite clearly unethical to subject individuals to therapies which cannot be shown to be effective.

## **Measuring change**

Having briefly outlined some of the main reasons for evaluating the clinical impact of groupwork we will now focus on some of the practical problems of measuring change.



Initially most group facilitators will face the problem of finding some way to measure the problems that group members have. Clearly most, if not all, problems addressed by groupwork will be multidimensional in nature. One way of addressing this is to use clear behaviours or behavioural "referents" as the basis for this (Mischel, 1968). Nelsen (1981) suggests that non-behavioural therapies can do this by specifying instrumental goals. Thus, facilitators working with prisoners in improving their problem solving skills would aim to clearly specify appropriate pro-social behaviours (explicitly assumed to be associated with an improvement in problem-solving skills) as referents against which to measure the effectiveness of the group.

Given the complexity of many of the treatment interventions it is generally good practice to take more than one measure for each specified problem behaviour (Barlow, Hayes and Nelson, 1984). These measures in turn may not fully agree (Barlow, 1977). In fact some variation between different measures is likely due to variations within individuals over time and also method variance. Method variance refers to the fact that if you use two different methods to measure something the result will be different, the degree of this variation depends in turn on the reliability and validity of the individual measures.

One way of dealing with this difficulty is to use measures which are both sensitive to change and also valid. Initial measures should be collected before any intervention has taken place to provide a "baseline" measure against which to judge progress (Hayes, 1981). The same measures should then be taken repeatedly. A bare minimum for this is an assessment before and after the group intervention. However, more frequent measures are much preferred to this since this will establish a trend of scores, which in turn will be less susceptible to random fluctuations. More regular assessments also have the added advantage of allowing the group programme to be modified and tailored to the needs of the group as it progresses.

Repeated measures of progress should, as far as possible, be taken under similar conditions. For example, if group participants are assessed individually before the group they should be assessed individually after the group. A switch to group-based evaluation would, of itself, be likely to have an effect on the outcome of the assessments made.

## **Measurement methods**

There are a wide variety of methods used to evaluate groupwork. However, most fall into three main types of evaluation:

- i) Self report
- ii) Observation
- iii) Physical measures.

### ***i) Self report***

This is the most popular type of evaluation method and takes the form of either structured self report questionnaires, or the self monitoring of behaviours and thoughts. The popularity of this approach owes a great deal to the fact that it is generally easier to record than observational or physical measures.

However, there are drawbacks which facilitators need to be aware of. In the case of self monitoring the individual first needs to be aware of their own thoughts and behaviours. This is a far from easy task for many individuals, who will need coaching in how to do this. In addition the individual, having identified a thought or behaviour as significant, needs to record it. Again this creates the possibility of errors or omissions in recording.

Watson and Tharp (1972) suggest a variety of ways of improving the accuracy of self monitoring information. Firstly the process is more effective when the importance of recording this information is made clear to the individuals keeping the records. It is also important that any system for self monitoring is easily understood and simple to use. So, for example, individuals could be asked to make frequency counts of angry thoughts by making marks on a cigarette packet.

Another possible approach is to ask individuals to rate the intensity of an experience on a subjective scale. So, for example, individuals could be asked how anxious a particular situation made them on a scale of zero to ten. Such ratings can then be repeated throughout treatment.



Another approach to self report is the use of structured questionnaires. Often used in evaluation these again tend to be relatively quick and cheap to use. They also have the advantage of allowing systematic comparison between groups. Clearly the specific choice of questionnaires depends on the problem area being addressed. However, there are some general considerations in using any such measures. To start with a good questionnaire will be adequately reliable. In this context the reliability of a test is the extent to which, if you use it to measure the same thing, it will give the same result. Secondly a good questionnaire needs to be valid; if it purports to measure "depression" it should have been shown to do so. A questionnaire which performs well in these respects will then be responsive to change in the individual, and so provide an better estimate of treatment impact.

Both approaches to self report do raise some inherent difficulties. Self report measures may differ from other types of measures. In forensic settings this may be particularly acute, since there may be clear incentives for individuals to appear successful in treatment.

## *ii) Observation*

Another approach is to observe and record an individuals behaviour. This can be done by recording the frequency of behaviours (for example the number of physical assaults on staff) or can take the form of staff making more "global" observations (for example rating an individual's level of "aggressiveness"). It can be done by observing and recording behaviour in "natural" settings, or alternatively by the observation of role played or simulated situations.

Behavioural observation also has its drawbacks. Firstly, to be used effectively it requires a relatively high level of training, to ensure that rating are being made on a similar basis. This is particularly acute in the case of more global ratings, since these require a greater degree of inference from the observer (Kent *et al.*, 1974).

Finally, observational approaches raise the problem of reaction. The act of observing someone's behaviour is, of itself, likely to change aspects of that behaviour. This can be reduced by making observation as unobtrusive as possible. Another alternative is to use covert observations; however, this would raise serious ethical problems (Kazdin, 1979).

## *iii) Physical measures*

Direct physical measures are the other main type of evaluation that can be used. A wide variety of such measures have been used (see Epstein, 1976). One example is the penile plethysmograph (PPG), which can be used to assess sexual offenders. This simply measures the degree of sexual arousal in response to sexual stimuli (Quinsey and Earls, 1990). Another area where physiological measures have been used is with anxiety problems. Anxiety produces a wide variety of physical changes — sweating, increased muscle tension and so on. These responses can be measured and used as an index of change over time.

There are several drawbacks to using physical measures. These include the difficulty in taking some of the measures in a reliable way. Physical measures also vary in terms of how intrusive they are to the individual; with PPG's being an example of a very intrusive procedure. We also feel that it is worth stressing that the link between physical responses and behaviour is by no means clear. Whilst muscle tension could be used as a measure of how angry an individual becomes, it may be that individuals can learn to control the expression of anger without having control over such physiological responses.

## **Outcome evaluations**

Above we have briefly discussed some of the ways in which the initial impact of groupwork might be measured. We now go on to look at longer term effects. By outcome evaluation we mean the long-term effects of any group based interventions.

A major consideration here is the need to compare the "treated" group with a comparable "untreated" group. To be meaningful this comparison group needs to be similar in terms of demographic characteristics. They should also be equally motivated to undergo the groupwork. A number of researchers have pointed out that such treatment evaluation designs are unethical in the prison context (e.g. Marshall, 1991). The ethical problem underpinning such concerns appears to be that the researcher or facilitator *actively* plans to withhold treatment from prisoners who may benefit from it. Such designs may have the impact of harming a selected group of prisoners — both in terms



of possibly reducing their chances for earlier release and also in terms of not having helped them with identical (and often serious) problems. The public, especially potential victims, may of course also suffer as a direct result of such a design.

For forensic psychologists working for the prison services in the U.K. there are at least two sections of The British Psychological Society's professional code of conduct which would be most pertinent here:

(members shall) "refrain from improper conduct ... that would be likely to be detrimental to the interests of the recipients of their services, or participants in their research."  
Section 5.1. British Psychological Society Code of Conduct (1993).

and,

"take steps to maintain adequate standards of safety ... in professional practice or research."  
Section 5.9. British Psychological Society Code of Conduct (1993).

The need to match comparison groups closely is well illustrated in a study by Meyer and Romero (1980). This study found that sexual offenders with a relatively low prior arrest rate for sex offences (0.03 per year) were much less likely to reoffend than did offenders with a higher arrest rate (0.31-1.39 per year). The former reoffended at a rate of 7.9 per cent compared to a recidivism rate of 26.2 per cent for the latter group, over the same follow-up period. Clearly not using a carefully matched comparison group can give quite misleading results.

Another key issue in outcome evaluations is the need to specify what the desired outcome is, and to evaluate any intervention against this. For interventions concerned with violent offending, sexual offending and so on, this tends to be quite clear. The long-term outcomes aimed for are reductions or complete cessation of particular types of offending. Thus, a violent offender subsequently convicted of shoplifting may, in treatment terms, still be a success. For interventions aimed at modifying social or cognitive skills the outcome evaluation is likely to be less clear cut. Interventions of this type in forensic settings may simply involve the development of more socially skilled offenders, or offenders with good problem solving abilities. In fact the long-term aim of such groups tend to be the replacement of anti-social behaviours with pro-social behaviours. This in turn is hypothesised to produce a reduction in various types of offending. There is however a need to specify closely the aims of such interventions, and to ensure that the programmes are evaluated against these aims.

In general, events distal in time are much more difficult to accurately predict than proximal events. Hence the immediate and short-term impact of an intervention is generally easier to measure. Such measures are probably most useful in terms of evaluating the content of group programmes and development of these. The available research however tends to suggest that this alone is inadequate as a measure of outcome. Marshall and Barbaree (1990) report that in a study of sex offenders they found continuously rising rates of recidivism over a prolonged follow up period. At two years post treatment child molesters had recidivism rates of around six per cent, this rose to 25 per cent at four years. For untreated offenders the equivalent rates were 13 per cent and 64 per cent. This would suggest that follow-up periods of less than two years are inadequate. The precise reason for such dramatic increases in reconviction rates is unclear. It may be that the increased figures could be accounted for in terms of increased detection rates or that there is real attenuation of treatment effects over such time frames. Either explanation will have important implications for groupwork interventions and evaluations. For prisoners and patients in custody this is further complicated by the fact that many will participate in interventions and then spend prolonged periods in custody, in turn extending the time required to adequately follow up many interventions.

It is perhaps also worth pointing out the issue of the selection of those who will be offered the group interventions. This can have a marked impact on the apparent success rates for an intervention. Some therapeutic programmes have excluded those at highest risk of reoffending, leading to low rates of recidivism for those completing the intervention (see Abel *et al.*, 1988; Marshall and Barbaree, 1990). However the success of any intervention concerned with reducing offending behaviour should, we would argue, be evaluated against the rate at which those group members would reoffend without any intervention. Groups concerned with areas such as anxiety management need to take into account similar issues; although in the example of anxiety clearly the criteria for judging efficacy will be different (see Clarke, 1989).



## Evaluating individual cases

Any intervention, however well it is planned and run, will have individuals who do not benefit from the intervention. One of the most important aspects of evaluating group programmes is the detailed evaluation of the "treatment failures". Those who do not respond to the interventions often appear to have distinct problems which benefit from alternative approaches (Foa, 1979; Foa and Emmelkamp, 1983). As such we would suggest that detailed analyses of those who leave a group early, or seemingly fail to benefit, can be significant value in the development of groupwork approaches.

## Conclusions

In this paper we have attempted to look at the evaluation of groupwork programmes in terms of both the need to undertake evaluation, and the factors which it is helpful to consider when doing so. Whilst the difficulties involved in evaluating groupwork may seem at first to be daunting, we do not believe that they are in any way insurmountable. With careful planning evaluations can be done without adding greatly to the workload of group facilitators. Indeed high quality evaluation can greatly enhance the work of facilitators by enabling them to tailor and develop groupwork more closely to the needs of their clients.

## References

- ABEL, G.G., MITTLEMAN, M.S., BECKER, J.V., RATHNER, J. and ROULEAU, J.L. (1988). Predicting child molesters' response to treatment. *Annals of the New York Academy of Sciences*, 528, 223-234.
- AZRIN, N.H. (1977). A strategy for applied research: Learning based but outcome oriented. *American Psychologist*, 32, 140-149.
- BARLOW, D.H. (1977). Behavioural assessment in clinical settings: developing issues. In J.D. Cone and R.P. Hawkins (Eds) *Behavioural Assessment: New directions in clinical psychology*. New York: Brunner/Mazel.
- BARLOW, D.H. (1980). Behaviour therapy: the next decade. *Behaviour Therapy*, 11, 315-328.
- BARLOW, D.H., HAYES, S.C. and NELSON, R.O. (1984). *The Scientist Practitioner*. Boston: Allyn and Bacon.
- CLARKE, D.M. (1989). Anxiety states: Panic and generalised anxiety. In Hawton, K., Salkovskis, P.M., Kirk, J. and Clarke, D.M. (Eds) *Cognitive Behaviour Therapy for Psychiatric Problems: A practical guide*. Oxford: Oxford Medical Publications.
- EPSTEIN, L.H. (1976). Psychophysiological measurement in assessment. In M. Hersen and A.S. Bellack (Eds). *Behavioural Assessment: A practical handbook*. New York: Pergamon.
- FOA, E.B. (1979). Failure in treating obsessive-compulsives. *Behaviour Research and Therapy*, 17, 169-176.
- FOA, E.B. and EMMELKAMP, P.M.G. (1983). *Failures in Behaviour Therapy*. New York: Wiley.
- HAYES, S.C. (1981). Single case experimental design and empirical clinical practice. *Journal of Consulting and Clinical Psychology*, 49, 193-211.
- KAZDIN, A.E. (1979). Unobtrusive measures in behavioural assessment. *Journal of Applied Behaviour Analysis*, 10, 299-311.
- KAZDIN, A.E. (1980). *Research Design in Clinical Psychology*. New York: Harper Row.
- KENT, R.N., O'LEARY, K.D., DIAMENT, C. and DIETZ, A. (1974). Expectation biases in observational evaluation of therapeutic change. *Journal of Consulting and Clinical Psychology*, 4, 806-34.
- MARSHALL, W.L. (1991) correspondence cited in Sampson, A. (1994) *Acts of Abuse*. Routledge: London.
- MARSHALL, W.L. and BARBAREE, H.E. (1990) Outcome of cognitive behavioural treatment programmes. In W.L. Marshall, D.R. Laws and H.E. Barbaree (Eds). *Handbook of Sexual Assault: Issues, theories, and treatment of the offender*. New York: Plenum.
- MEEHL, P.E. (1978). Theoretical risks and tabular asterisks: Sir Karl, Sir Ronald, and the slow progress of soft psychology. *Journal of Consulting and Clinical Psychology*, 46, 806-835.
- MEYER, L. and ROMERO, J. (1980). *A Ten Year Follow-up of Sex Offender Recidivism*. Philadelphia: Joseph J Peters Institute.
- MISCHEL, W. (1968). *Personality and Assessment*. New York: Wiley.



**NATHAN, P.E. and HARRIS, S.L. (1980).** *Psychopathology and Society* (2nd edition). New York: McGraw Hill.

**NELSEN, J.C. (1981).** Issues in single-subject research for non-behaviourists. *Social Work Research and Abstracts*, 31-37.

**QUINSEY, V.L. and EARLS, C.M. (1990).** The modification of sexual preferences. In W.L. Marshall, D.R. Laws and H.E. Barbaree (Eds). *Handbook of Sexual Assault: Issues, theories, and treatment of the offender*. New York: Plenum.

**THE BRITISH PSYCHOLOGICAL SOCIETY (1993).** *Code of Conduct, Ethical principles and guidelines*. B.P.S. Leicester.

**TOWL, G.J. and BAILEY, J. (1993).** Provisional findings from a survey of groupwork in prisons in England and Wales. *DCLP Newsletter*, 35. B.P.S. Leicester.

**TVERSKY, A. and KAHNEMAN, D. (1974).** Judgement under uncertainty: heuristics and Biases. *Science*, 185, 1124-31.

**WARNER, R. (1994).** *Recovery from Schizophrenia: Psychiatry and political economy*. London: Routledge.

**WATSON, D. and THARP, R. (1972).** Self directed behaviour: self modification for personal adjustment. Moterey, California: Brooks Cole. Quoted in Barlow, D.H., Hayes, S.C. and Nelson, R.O. (1984). *The Scientist Practitioner*. Boston: Allyn and Bacon.

# Anger control groupwork in practice

Graham Towl

## A brief overview of anger control groupwork in prisons

In a recent pilot survey of groupwork in prisons Towl (1991) reports that there are 15 adult establishments and six Young Offenders Institutions which run anger control groupwork.

Of the 21 groups reported, 18 are jointly facilitated with prison based psychologists. Over a third of the groups are facilitated with probation officers. Just under a third of the groups are facilitated with prison officers.

Currently the Directorate of Inmate Programmes (DIP II) is involved in the organization of a national pilot programme of anger control groupwork in prisons. The programme is designed to establish groups led by prison officers. It is intended that about 50 prison officers, from about nine establishments nationwide, will attend a national training programme on anger control groupwork in May 1992. The expectation is that those prison officers attending the training will return to their institutions to facilitate a programme of anger control groupwork.

## An outline of the content and structure of the groupwork

In terms of the content, anger control groupwork is run on broadly cognitive-behavioural lines (e.g. McDougall et al., 1987; Towl and Jennings, 1990). The approach is based, to some extent, on the treatment work of Novaco (1975). Novaco, working mainly with individuals, used cognitive self-control procedures in conjunction with relaxation training to reduce interpersonal anger. McDougall et al. applied these principles when undertaking anger control groupwork in a British Youth Custody Centre (YCC). Towl and Jennings adapted these basic principles and exercises to groupwork in an adult British training prison.

In terms of the structure, the groups may be conceptualized as generally involving three key stages. First, the general exploration of anger; second, an individual examination of personal experiences of anger; third, the examination, selection and practice of a number of anger control methods.

From the facilitator viewpoint the first two stages constitute the assessment phase of the work. This assessment phase helps the facilitator guide the group in the direction of appropriate anger control methods.

One exercise commonly used at the first stage - the general exploration of anger - is the "brainstorming" of the positive and negative consequences of anger. The aim of this exercise is to convey that the negative consequences of losing control over anger outweigh the positive. This exercise is also a useful means of illustrating how positive consequences tend to be short term and negative consequences tend to be long term.

An exercise used in the second stage - an individual examination of anger - involves the prisoners working in pairs. Each member of each pair is given time to discuss an example of losing control of his or her anger. Next, the group reconvenes and each prisoner recounts their "partner's" account to the rest of the group. The aim of this exercise is to elicit detailed individual accounts of anger control difficulties.

The final stage of the programme involves the fundamental task of generating and matching anger control methods to individual group members' needs. One exercise used at this stage involves a structured discussion exploring and generating a number of appropriate "self-talk" strategies. These



---

"self-talk" strategies involve the things people say to themselves during anger-provoking situations. Examples of possible positive self-talk statements include "Maybe its best to pause and think for a moment before I speak" and "I must be careful about the tone of my voice". The aim of this exercise is to demonstrate the applicability of "self-talk" strategies in anger management.

## Common themes and dynamics in anger control groupwork

There are a number of general emergent themes which may manifest themselves during a programme of anger control groupwork. The principle purpose here is to suggest a number of strategies which facilitators may use to deal effectively with themes which may, if unchecked, contribute to undermining positive and productive group dynamics.

An awareness and understanding of some core beliefs underlying some potentially difficult and counterproductive themes is a useful starting point in the formulation and development of appropriate strategies for effective group facilitation. Three recurrent criticisms from prisoners of "anger control" methods involve the following related beliefs:

1. In certain situations losing your temper and, for example, hitting someone, is the only satisfactory (morally correct) resolution to a given difficulty.
2. The loss of control over anger is sudden and overwhelming.
3. You can't always control your temper.

Belief number one may periodically be restated directly by prisoners, particularly during the first few sessions of the groupwork. The facilitator needs to request examples to begin to understand such assertions. A common example used by prisoners to defend this belief is in the sensitive area of criticisms of their family. Personal criticisms of family members (curiously, particularly prisoners' mothers) are frequently cited as areas which are "out of order" and may well result in the loss of control over anger and possibly physical violence.

It is not helpful to condemn violence. Acknowledge that sometimes (although rarely) physical violence may be warranted. However, point out that violence is an inefficient means of communication often with long-term negative consequences - as already agreed and demonstrated in the programme. Emphasize that the groupwork programme is not about telling individuals how they should behave in situations. The group is about looking at more effective and productive ways of dealing with our anger. Pick up on some examples given about how group members have reported regretting the loss of control over their anger. This is the group's starting point.

The belief that "the loss of control over anger is sudden and overwhelming" requires gentle challenging. Acknowledge that sometimes the loss of control over anger feels overwhelming. Although it may feel as if we suddenly, unexpectedly, lose control over our anger, these events are usually predictable. With behaviour prediction comes the potential for behavioural change. The danger of the facilitator not effectively challenging this belief is that it may undermine, in part, participants' sense of individual responsibility for their behaviour.

The third belief that, "you can't always control your temper" again relates to underlying notions of minimizing individual responsibility for actions. Acknowledge that we cannot always control our anger, but state that generally we can. The group is not about always controlling our anger. The group is about decreasing the chances of us losing at a number of alternative (usually more satisfactory or successful) ways of dealing with our anger. Further to this, the facilitator may reinforce the point by explaining that the group is about us controlling our anger rather than letting it control us.

Above I have outlined a number of ways of dealing with three beliefs which may get in the way of the group's progress. Below I suggest five proactive strategies for effective group maintenance and development.

- \* Inculcate the group with the notion that "anger control" is not easy - it is a difficult and challenging area. If it was easy there would be no need for the group to exist. Such an approach adds value to progress made within the group, resulting in a greater sense of achievement. The facilitator may find it useful to reiterate this point when the group is encountering difficulties in, for example, generating effective anger control strategies for individual group members.
- \* Restate that most of the practical anger control methods suggested by facilitators are taken from the ideas of individuals in similar previous groups. Related to this, it is hoped that future groups



will benefit from suggestions and ideas in the present group. This point involves anticipating the criticism that white middle-class (women) know nothing of the stark and sometimes violent realities of working-class male subculture. Hence the use of vicarious peer persuasion. Do not set yourself up as an expert with solutions.

- \* Do not allow the group (or yourself) to get bogged down with specific issues or debates. Acknowledge differences and move on. Sometimes the group becomes involved in acrimonious debate about sensitive issues. Such debates foster further negativity and need to be discouraged. Hence the need to move on.
- \* Emphasize the value of controlling our anger rather than letting it control us. This is a very useful point to make in helping to define control over anger as a credible option. This is crucial. The most obvious general use of this notion is at points in the group when the credibility of "anger control" is called into question.
- \* Remember to be an effective role model in dealing with your own anger in the group. Generally, the facilitators are unlikely to get angry in the group - but it does happen. The credibility of the facilitator may be severely diminished if he or she fails to deal effectively with his or her own anger in front of the group.

It is hoped that some of the observations and suggestions made, particularly in the latter section of this paper, will help build on clinical confidence and competencies in facilitating anger control groupwork in prisons.

## References

McDOUGALL, C., et al. (1987) Cognitive control of anger. In B. J. McGurk et al. *Applying Psychology to Imprisonment*. London: HMSO

NOVACO, R. W. (1975) *Anger Control: The development and evaluation of an experimental treatment*. D. C. Heath

TOWL, G. J., and JENNINGS, M. (1990) An Anger Control Course at HMP Highpoint. *DPS' Series II*, 177

TOWL, G. J. (1991) *Groupwork in British Prisons; A Pilot Survey*, Unpublished research, HMP Highpoint



7.24 Towl, G. J. & Fisher, J. (1992) Education in prisons: Ideology and Change. *The Criminologist*, 16 (3), 19-26.

# Education in Prisons: Ideology and Change

Graham Towl and John Fisher

In this paper we give a brief history of education in prisons. A broad notion of education is outlined and explored. This is followed by an examination of the aims of education in the prison context today. A theme throughout is the pervasion and import of differing criminological ideologies on education in prisons. Finally, we suggest a number of changes in prison education.

Prevailing socio-political conditions have provided the ideological and economic context in which the development of education in prison has taken place. This context in conjunction with the primary function of prisons – containment – sets the scene for our brief historical exploration and contemporary understanding of the subject.

## Nineteenth-Century History

Statutory provision for education in prisons originated in Robert Peel's Parliamentary Gaol Act of 1823. The notion of education in the Act referred to instruction in reading and writing. The Act has been seen, to some extent, as representing a wider humanitarian movement which had focused governmental and public attention on penal reform<sup>1</sup>. Indeed, two figures in particular, Elizabeth Fry and Sarah Martin, personify the ideals of this movement. Their work was based on a Christian commitment to education in prisons on moral grounds. Again, this was a part of a broader movement represented and reflected in the employment of chaplains in prison education.

The latter half of the nineteenth century was characterized by a more piecemeal progress in penal reform. However, the next major milestone in the history of statutory educational provision may be found in the Gladstone Committee Report of 1895. The Committee recommended that prisons should be run with the dual aims of deterrence and reform. For our purposes these dual aims serve to illustrate the beginnings of the fundamental underlying ideological tensions which remain at the forefront of much contemporary dialogue on prison regimes. To be more explicit, we refer to the apparent incompatibility of care and control. We will return to this issue again later. For the moment it is sufficient to note that reform in the terms of the report included increased educational provision.

## Twentieth-Century History

Prison library facilities were improved during the early years of the twentieth century. This improvement was largely initiated by the then (1910) Home Secretary,



Winston Churchill, who commissioned the Waller Committee to suggest improvements in prison library services<sup>2</sup>. Reading materials were no longer exclusively in the domain of religious and moral literature. In 1919 warders were renamed officers. Both of these apparently unrelated changes represented a broader move towards reform and rehabilitation of prisoners. With regard to library services, the inclusion of alternatives to the explicitly moral education, prevalent throughout the preceding century, was a sign that the different forms of reform were becoming increasingly acceptable.

The re-designation of warders to officers served to symbolize the move from a strictly custodial function to a professional role and rehabilitative contribution in prison work.

The Prison Commission's (now the Prison Department of the Home Office) educational policies and practices were called into question by the Prison System Enquiry Committee set up by the Labour Party's Research Bureau in 1919. The most significant and far-reaching of the Committee's recommendations was on a basic yet fundamental pedagogic point; the need for an adult educational model in prisons as opposed to the traditional "schooling" approach. The committee also suggested the full introduction and development of art and craft activities as part and parcel of the mainstream curriculum. Additionally, they highlighted the need for Higher Educational provision in prisons.

During the following two decades (1920s and 1930s), the Commission began to base its curriculum upon evening institute lines. Drama, literature, languages, arts and music were introduced. However, it should be noted that much of this introduction was made by voluntary staff because of governmental reluctance to fund such work.

The inception and growth of trade training in prisons occurred in the early 1940s. This was largely in response to the military and domestic demands of war. In 1941 the first "vocational" course commenced at Maidstone Prison; it was a training course in precision engineering fitting. In 1942, courses on similar lines were established at Wormwood Scrubs and Wakefield. By the end of the war, five different trades – precision engineering fitting, cobbling, bricklaying, carpentry, and painting and decorating – were routinely incorporated into the educational curriculum for many prisoners<sup>1</sup>.

The Butler Education Act of 1944 had a profound impact on the British educational system. Under the terms of the Act, Local Education Authorities (L.E.A.s) were required to produce a system of education suited to the age, aptitude and ability of individuals. In 1948 an amendment called Education (Miscellaneous Provisions) was added to the Butler Act to enable local authorities to provide teaching staff for education in prisons<sup>3</sup>.

In 1953 the Prison Commission began to reimburse, in full, the expenditure incurred by L.E.A.s on educational provision in prisons. It was during this period that examinations in vocational subjects were introduced. Successful completion of the examinations resulted in the award of a Certificate in Vocational Training by the Department. In practice, these qualifications proved unacceptable to trade unions and industry. Later, the need for independently awarded certificates of vocational attainment was recognized and generally met for example, with the introduction of

City and Guilds examinations.

Generally, in the twentieth century there has been a broadening of the boundaries of what may be, and is, subsumed under the rubric of education. This breadth of interpretation is illustrated in a 1969 Home Office statement of policy which states:

The purpose of education in prisons is really the same as its purpose outside ... to help a person ... have some understanding of himself ... fellow men ... the world ... acquire a skill, trade or profession ... and generally to illuminate the personality.<sup>4</sup>

### Recent History

In terms of the recent history of education in prisons, two reports stand out as being particularly influential and authoritative. Firstly, the Committee of Inquiry into the United Kingdom Prison Services report of 1979 herein referred to as the May Committee Report. Secondly, the First Report from the Education, Science and Arts Committee on prison education of 1983.

The May Committee introduced the notion of "positive custody" whereby each prisoner should be usefully and productively occupied whilst in custody. However, despite their advocacy for a broad notion of education in prisons, this area of the report is riddled with Civil Service rhetoric. This rhetoric is perhaps best captured in the following report:

... the facilities for education in establishments should be developed *so far as resources allow* and ... these could, *subject to certain overriding considerations* ... be a full-time alternative to work. In addition, we see no reason of *principle* why the facilities should not be made available *as appropriate* to prison staff and their families<sup>5</sup>.

The reader will note that the italicized qualifying clauses serve to undermine the meaning of the sentence in terms of a statement of advocacy for educational provision in prisons. The final statement in the above quotation is worth nothing because it involves the recognition of the need for educational facilities for prison staff. Prison education had, as we have seen, been concerned with prisoner education, thus the involvement of staff as recipients of education in the prison setting is significant. We will return to the full significance of this later.

Despite the equivocal wording of the Report, we may identify a number of important recommendations of the Committee. Firstly, a broader notion of education is advocated, for example, social skills training being a notable addition to the official curriculum. Secondly, as mentioned above, the policy of educational provision for staff (and their families) needs noting. Thirdly the Committee advocates the increased use of inmate instructors. Overall, then, the Report serves to provide a useful statement of the breadth of what education should involve in prisons.

Next came the First Report from the Education, Science and Arts Committee on Prison Education in 1983. In terms of educational provision two recommendations stand out as particularly significant in this report. First, the recommendation that:



Education should be given a high priority on an establishment's list of Essential Tasks.<sup>6</sup>

Second, that:

The Home Office should provide the resources to aid the maximum take-up of educational opportunities after release, as detailed in "Bridging the Gap".<sup>7</sup>

The incorporation of education in prisons under "Essential Tasks" provides an indication of the importance placed upon education by the Committee. However, the Committee correctly and accurately anticipates problems with reference to the delivery of education in prisons under what was then called "The new working system for officers". To be more explicit, the fear was that with the predicted blanket ban on overtime for officers, priority would be given to duties directly concerned with prison security rather than education. This "new working system" has taken the functional form of Fresh Start. The impression we get from colleagues both at H.M. Prison Highpoint (our workplace) and other establishments is that although education is given a high priority, it is by no means regarded as an "Essential Task".

Recommendation No. 20<sup>7</sup> involves the desirability of co-ordinating educational provision in the community for ex-prisoners particularly during the period immediately after release. This recommendation is perhaps suggestive of the need for joint working in education and probation departments in and out of prisons. In terms of education in prisons this recommendation is significant. This is because it involves the acknowledgement that prison education does not occur in a social vacuum, but rather represents an on-going process of individual development which has its beginnings and future outside prisons.

### Education and Change

Many educational philosophers (perhaps most famously John Dewey) have maintained that education is the route to social change. Indeed, the basic enterprise of education is change. But, as Marsh reminds us,<sup>8</sup> change requires the freedom to question and debate as the individual makes judgments and evaluations. Prisons, as environments, are not generally conducive to this educational process.

We acknowledge Marsh's point about the nature of the educational process and his observation about the inherent difficulties of education in the prison setting. However, we do not view the aims of prisons and the educational process as incompatible. We have already touched upon this underlying issue of the (apparent and/or actual) conflicting requirements of care and control. It is an issue we will come back to and examine in more detail later in this paper in terms of various ideologies in prisons. For the time being we need only note this philosophical and operational concern.

So, education involves change. This change may occur in skills, knowledge, attitudes, behaviour and self-understanding. This broad view of education, it must be noted, is by no means always evident in educational provision in prisons today.

### Crime and Change

A central tenet of this paper is that what individuals see as the aims of education in prison reflects their underlying ideologies about crime in general. Parsloe<sup>9</sup> distinguishes three such ideologies. Firstly, the justice approach, which "explains crime as freely chosen action against the rule of law". Secondly, the welfare approach, which "views criminal behaviour as a symptom of emotional and/or social disturbance". Thirdly, the community approach which views "the criminal as like any other citizens, except that he is the victim of a selection process operated on behalf of society by its police, social workers and court officials".

Proponents of the "justice approach" would no doubt hold that the causes of deviant behaviour are to be found within the individual. Supporters of the "welfare approach" may argue that the causes of deviant behaviour are more often to be found outside the person, in society as a whole. The "justice" and "welfare" approaches share the positivistic premise that by the rigorous use of scientific methods we may tease out cause-and-effect relationships in human social behaviour. Parsloe's third identified "ideology" – the community approach – is perhaps the most clearly reflected in structural explanations of crime.

Structural theories of crime involve attempts to explain why it is that certain actions are more likely to become understood as crime<sup>10</sup>. This explanation of crime generally involves the argument that powerful interest groups will define and defend the dominant norms in order to protect their inherent vested interests in the "status quo".

### Change in Prisons

Jepson<sup>11</sup> stresses the import of an understanding of the differing and sometimes competing ideologies in the prison setting. He argues that a criminological understanding can make important contributions in assisting the effective functioning of prison-service personnel. These contributions are threefold and Jepson is quoted below:

"... to help him or her more clearly to identify the framework within which he or she perceives a situation or a person and reacts to that situation or process. Secondly it may contribute by providing alternative frameworks, giving the practitioner a greater range of approaches to the treatment of particular problems. Thirdly, it may help the practitioner better to appreciate the significance of other people's method of approach and thereby increase the possibilities of constructive cooperation."

Jepson's main point is that we need to "look in on" our own ideologies and crucially those of others with a view to broadening our own understandings and effectiveness in the prison setting. Informally, one is all too often aware that differences between staff groups are highlighted at the expense of the considerable commonalities which exist in terms of the over-riding aims of imprisonment. We make this point not in an effort to minimize the real conflicts and differences which do undoubtedly exist, but merely to give a sense of perspective.

We may now move on to explore education in prisons today with a view to



Education should be given a high priority on an establishment's list of Essential Tasks.<sup>6</sup>

Second, that:

The Home Office should provide the resources to aid the maximum take-up of educational opportunities after release, as detailed in "Bridging the Gap".<sup>7</sup>

The incorporation of education in prisons under "Essential Tasks" provides an indication of the importance placed upon education by the Committee. However, the Committee correctly and accurately anticipates problems with reference to the delivery of education in prisons under what was then called "The new working system for officers". To be more explicit, the fear was that with the predicted blanket ban on overtime for officers, priority would be given to duties directly concerned with prison security rather than education. This "new working system" has taken the functional form of Fresh Start. The impression we get from colleagues both at H.M. Prison Highpoint (our workplace) and other establishments is that although education is given a high priority, it is by no means regarded as an "Essential Task".

Recommendation No. 20<sup>7</sup> involves the desirability of co-ordinating educational provision in the community for ex-prisoners particularly during the period immediately after release. This recommendation is perhaps suggestive of the need for joint working in education and probation departments in and out of prisons. In terms of education in prisons this recommendation is significant. This is because it involves the acknowledgement that prison education does not occur in a social vacuum, but rather represents an on-going process of individual development which has its beginnings and future outside prisons.

### Education and Change

Many educational philosophers (perhaps most famously John Dewey) have maintained that education is the route to social change. Indeed, the basic enterprise of education is change. But, as Marsh reminds us,<sup>8</sup> change requires the freedom to question and debate as the individual makes judgments and evaluations. Prisons, as environments, are not generally conducive to this educational process.

We acknowledge Marsh's point about the nature of the educational process and his observation about the inherent difficulties of education in the prison setting. However, we do not view the aims of prisons and the educational process as incompatible. We have already touched upon this underlying issue of the (apparent and/or actual) conflicting requirements of care and control. It is an issue we will come back to and examine in more detail later in this paper in terms of various ideologies in prisons. For the time being we need only note this philosophical and operational concern.

So, education involves change. This change may occur in skills, knowledge, attitudes, behaviour and self-understanding. This broad view of education, it must be noted, is by no means always evident in educational provision in prisons today.

### Crime and Change

A central tenet of this paper is that what individuals see as the aims of education in prison reflects their underlying ideologies about crime in general. Parsloe<sup>9</sup> distinguishes three such ideologies. Firstly, the justice approach, which "explains crime as freely chosen action against the rule of law". Secondly, the welfare approach, which "views criminal behaviour as a symptom of emotional and/or social disturbance". Thirdly, the community approach which views "the criminal as like any other citizens, except that he is the victim of a selection process operated on behalf of society by its police, social workers and court officials".

Proponents of the "justice approach" would no doubt hold that the causes of deviant behaviour are to be found within the individual. Supporters of the "welfare approach" may argue that the causes of deviant behaviour are more often to be found outside the person, in society as a whole. The "justice" and "welfare" approaches share the positivistic premise that by the rigorous use of scientific methods we may tease out cause-and-effect relationships in human social behaviour. Parsloe's third identified "ideology" – the community approach – is perhaps the most clearly reflected in structural explanations of crime.

Structural theories of crime involve attempts to explain why it is that certain actions are more likely to become understood as crime<sup>10</sup>. This explanation of crime generally involves the argument that powerful interest groups will define and defend the dominant norms in order to protect their inherent vested interests in the "status quo".

### Change in Prisons

Jepson<sup>11</sup> stresses the import of an understanding of the differing and sometimes competing ideologies in the prison setting. He argues that a criminological understanding can make important contributions in assisting the effective functioning of prison-service personnel. These contributions are threefold and Jepson is quoted below:

"... to help him or her more clearly to identify the framework within which he or she perceives a situation or a person and reacts to that situation or process. Secondly it may contribute by providing alternative frameworks, giving the practitioner a greater range of approaches to the treatment of particular problems. Thirdly, it may help the practitioner better to appreciate the significance of other people's method of approach and thereby increase the possibilities of constructive cooperation."

Jepson's main point is that we need to "look in on" our own ideologies and crucially those of others with a view to broadening our own understandings and effectiveness in the prison setting. Informally, one is all too often aware that differences between staff groups are highlighted at the expense of the considerable commonalities which exist in terms of the over-riding aims of imprisonment. We make this point not in an effort to minimize the real conflicts and differences which do undoubtedly exist, but merely to give a sense of perspective.

We may now move on to explore education in prisons today with a view to



suggesting a number of desirable changes in prison education. So, two fundamental problems exist for educators in prisons. Firstly, there is the conflict between the educational process *per se* and the restrictive regime of prison life. Secondly, there are differing and sometimes competing ideologies within prisons, particularly between staff groups. These two problems may be addressed in the broader context of care and control as conflicting constructs in the prison environment. It is our belief that these two constructs, care and control, are not mutually exclusive. Good relations between staff and inmates (care) result in the smoother operation of the prison (control). The notion of care and control as inherently conflicting constructs is largely based upon the restrictive premises of particular ideologies. For example, a teacher may take the approach that she/he is there (in the prison setting) to teach a particular subject and in so doing views the inmate simply as a student of a given subject. Teachers are generally discouraged from "knowing too much" (if anything!) about the crimes inmates have committed. This discouragement is, we suspect, based upon the belief that knowledge of an inmate's crime is, at best, irrelevant to the teacher/student relationship. Thus the "control" element implicit in such a knowledge may be anathema to this educational ideology. In this example, then, the necessarily narrow ideology of the educator may serve to reinforce the notion that care and control are mutually exclusive.

The recently issued statement of the aims of the prison service --

Her Majesty's Prison Service serves the public by keeping in custody those committed by the courts. Our duty is to look after them with humanity and to help them lead law-abiding and useful lives in custody and after release.

is derived in large part from Dunbar's "A Sense of Direction" report.<sup>12</sup> In it, he makes the point that care and control may be complementary in maintaining a form of what he terms "dynamic security". "Dynamic security" involves a conception of the regime which includes individualism, relationships and activities. In other words, prison security is largely based upon the staff/inmate rapport. For our purposes we are concerned with educational activities. Dunbar's conception is suggestive of a need for functional integration within the regime. Such functional integration may be achieved effectively through a reappraisal of educational ideology in conjunction with a commitment to broadening the boundaries of what may be deemed to be "educative".

At H.M. Prison Highpoint, the development of cross-disciplinary educationally based groupwork has served the dual purpose of broadening the scope of education in the prison and inviting a greater understanding of differing ideologies, particularly between staff groups. The groupwork involves the exploration and examination of how our culture, values and beliefs are reflected in our relationships with others. These "culture courses" focus on the individual's capacity for self-reflection, self-expression and (crucially) self-change. We have already seen how "change" is a fundamental educational process. In these courses, then, there is an implicit and sometimes explicit link made between the notion of "change" and being in prison. It seems to us that a logical development of our work on these courses is to look at educational contributions in terms of specific offence-related activities. For example,

anger and alcohol-control groupwork. Again, this could be cross-disciplinary. This approach involves a greater functional integration of education with other aspects/parts of the prison regime.

It is important to note that the acknowledgement of differences between various ideological factions may well be a necessary component of increased functional integration, but it is by no means sufficient. What is required is direct and positive responses to particular ideological demands. The above suggested developments of educational work may meet this need in some measure for teachers. However, for the prison officer who may hold a "justice approach" to crime, the need for a response in terms of this ideology is not sufficiently (if at all) met. We suggest that, in keeping with the recommendations of the May Committee, the educational needs of *all* staff, in addition to inmates, are addressed and the necessary provisions made. Such provision may help create an environment where the impact of ideological differences could be attenuated.

The above suggested changes, a broadening of what is deemed educational in prisons, and the inclusion of educational provision for staff have a common focus within the prison. However, there is also a need to increase involvement (and coordination) with "after-care" educational facilities for inmates post-release. The reader may recall this was a quite specific recommendation of the 1983 report on education in prisons. Under the current system, educational "after-care" or follow-up is virtually non-existent and when it does occur, it seems to be as a result of the particular informal efforts of individual teachers.

### Conclusions

We have traced the progressive development of education in prisons. The gradual broadening of the curriculum has been a general trend in our examination. The historic tension between care and control has been highlighted as an underlying yet pervasive element in prisons particularly in relation to differing institutional functions and ideological perspectives. A form of ideological and functional integration has been advocated in this paper based on an increased understanding of differences reinforced with positive action in response to each ideology.

So, in sum, our proposals for change in educational practice in prisons are threefold:

1. To broaden the curriculum to include the exploration and examination of offence-related activities.
2. To develop educational provision for staff within the prison.
3. To develop links with outside educational agencies to help cater for post-release needs of students.

Finally, we began the historical section of this paper on education with the assertion that prevailing socio-political conditions provide the ideological and economic context in which education in prisons takes place. The current climate in prisons is ripe for reform.



## References

1. Baxendale, A.S., 1981, "The Prisoner's Education: An Historical Outline." In: *Prison Education*, Forester W. (Ed.), National Institute of Adult Education, Leicester.
2. Edmunds, R., 1981, "The Library Service" In: *Prison Education*, Forester W. (Ed.), National Institute of Adult Education, Leicester.
3. Ferguson, J., 1981, *Christianity, Society and Education*, S.P.C.K., London.
4. "Home Office Policy Statement No.1, "Education in Prisons", 1969. " In: *Education, Science and Arts Committee, Session 1982 - 1983, Prison Education*, 1983, H.M.S.O., London.
5. The May Committee Report, 1979.
6. Prison Education, recommendation No.13, 27.
7. Prison Education, recommendation No. 20, 28.
8. Marsh, J., 1976, "Philosophical Considerations of Prison Education: Pro and Con." In: *School behind Bars*, Reagan, M. and Stoughton D. (Ed.'s), The Scarecrow Press Inc., New Jersey.
9. Parsloe, P., 1976, "Social Work and the Justice Model." In: *British Journal of Social Work*, Vol 6, No. 1.
10. Aggleton, P., 1987, *Deviance*, Tavistock Publications, London.
11. Jepson, N.A., 1981, "Education in Prisons - The Relevance of Criminological Theory?" In: *Prison Education*, Foster W., (Ed.) National Institute of Adult Education, Leicester.
12. Dunbar, I., 1985, *A Sense of Direction*, Home Office, London.  
*Committee of Inquiry into the United Kingdom Prison Services Report*, 1979, H.M.S.O. London.  
*Education, Science and Arts Committee, Session 1982 - 1983, Prison Education* 1983 H.M.S.O., London.

8.1 Farrington, D.P., Hancock, G., Livingstone, M., Painter, K.A. and

Towl, G. J. (2000) *Evaluation of Intensive regimes for Young Offenders*.

London: Home Office.



# RESEARCH FINDINGS No. 121

## EVALUATION OF INTENSIVE REGIMES FOR YOUNG OFFENDERS

*David Farrington, Gareth Hancock, Mark Livingston,  
Kate Painter and Graham Towl*

*Intensive regimes for young offenders were established at Thorn Cross Young Offender Institution in July 1996 and at Colchester Military Corrective Training Centre in February 1997. Their aim was to test the impact of demanding, highly structured regimes on attitudes, behaviour and recidivism. These regimes were evaluated and the main findings are summarised here.*

### KEY POINTS

- ▶ One year after discharge the Thorn Cross experimental group had a significant drop of about 10% in reconviction rates, compared with those in the control group who showed little change.
- ▶ There was no statistically significant difference between the reconviction rates of the two Colchester groups, but given the small numbers involved it is difficult to draw conclusions from this.
- ▶ There was little difference between Thorn Cross, Colchester and control group offenders in terms of their 'before and after' performance on a variety of psychological tests. However, the Colchester group had significantly more positive attitudes towards staff and other inmates at the end of sentence and were significantly more hopeful about the future than the control group.
- ▶ A number of small follow-up studies provide some evidence that the Colchester regime was successful in giving offenders a degree of self-confidence. This, in turn, seems to have given them a slight edge over the control group when it came to finding employment and with post-release experiences in general.
- ▶ The success of the Thorn Cross regime in reducing reconvictions is probably due to its offending behaviour, education, mentoring and throughcare components rather than to its drilling and physical training components. The Colchester regime, which emphasised physical activities, was not successful in reducing reconvictions.

The Prison Service was asked in 1994 to design a new regime for young offenders. This followed a period of intense public debate regarding the treatment of young offenders, stimulated by a number of events. The main focus was to be a reduction in offending behaviour. The ethos was one of 'discipline', 'hard work' and 'earned privileges'. Regimes were also to incorporate the best elements of the American 'Boot Camp' programmes. The 'Boot Camps' showed that the more successful programmes were those which supported their physically challenging and highly disciplined regimes with well developed education/training programmes and programmes addressing offending behaviour. Two regimes were

designed – the Thorn Cross Young Offender Institution opened in July 1996 and the Colchester Military Corrective Training Centre opened in February 1997.

### THORN CROSS YOUNG OFFENDER INSTITUTION

The 'High Intensity Training' or 'HIT' regime at Thorn Cross Young Offender Institution (YOI) was designed around interventions and activities that research had shown to be effective in reducing recidivism. It offers a highly structured 16-hour programme of activities each day that are physically challenging and which address offending behaviour. Particular emphasis is given to the throughcare element and whenever possible an offender is provided with a work or



training placement on release. It is a 25-week programme with five periods of five weeks, each based around a specific theme aimed at reducing each offender's risk of reoffending. A maximum of 14 young offenders are recruited onto the programme every five weeks. The themes are as follows:

## Initial assessment

The educational, physical, personal and offending behaviour needs of each young offender entering the programme are assessed.

## Basic skills

This concentrates on classroom activity. Young offenders begin to work towards nationally recognised educational qualifications, commence a programme of basic life and social skills and undertake the Enhanced Thinking Skills course.

## Vocational training

This period is based around vocational training courses (e.g. painting and decorating, welding). Courses are matched as closely as possible to the type of work placement the offender will undertake in the final phase.

## Pre-release issues

The offenders complete any outstanding education work, engage in life and social skills training relevant to life outside prison and undertake a further programme of groupwork aimed at reducing reoffending following release.

## Community placement

The last period is a work or training placement in the community. Offenders are released on temporary licence on a Monday and return to the HIT Centre on a Friday. During this placement they receive support from their personal officers and from mentors in the community, selected by the Society of Voluntary Associates.

## THE COLCHESTER REGIME

While Thorn Cross was designed to be physically challenging, ministers felt there was still a need for a regime more overtly disciplinarian in nature. The Colchester regime was designed so that suitable young offenders would experience, as closely as possible, the military regime and ethos at the Military Corrective Training Centre (MCTC) at Colchester. The Prison Service was asked to look at ways in which it might learn from the skills and expertise developed by the army in dealing with young men.

Following negotiations between the Home Office and Ministry of Defence, the army made a separate building available at Colchester which could accommodate up to 32 young offenders. It was intended that they would not spend all their time in the building but would use MCTC facilities such as the parade ground, classrooms, gymnasium, vocational training workshops, assault course and farm. They would wear army uniforms.

## THE EVALUATION

The regimes were evaluated by a team of researchers and prison psychologists led by Professor David Farrington of the Cambridge University Institute of Criminology. Control groups for the two regimes were used, although there were differences between these groups and the 'experimental' groups in the evaluation (see Methodological Note). The evaluation assessed the impact of the regimes on attitudes and behaviour and looked at 12-month reconviction rates.

Staff, who volunteered for the work, were drawn from both the MCTC and the Prison Service. The Commandant of the MCTC was appointed as the governor of the YOI. The deputy governor was a Prison Service appointee.

The regime had three stages, progression depending on good behaviour and conformity to the regime.

### Stage 1 (about 6 weeks)

Stage 1 was austere. Offenders:

- had no access to television or a telephone
- were escorted wherever they went
- were locked in their rooms at night at 8.00pm
- had a great deal of marching, drilling and physical training, rigorous room and kit inspections
- had literacy and numeracy education.

### Stage 2 (about 8 weeks)

Offenders:

- were no longer locked up in their rooms at night
- had access to a radio and a television
- were still escorted around the site
- continued with drilling and physical training
- had vocational training (e.g. painting and decorating, bricklaying)
- had career counselling (e.g. making job applications, money management).

### Stage 3 (about 12 weeks)

Offenders:

- had access to colour television and a telephone
- were trusted to make their own way round the site, could work on the farm
- could leave the site on community and conservation projects.

The Colchester YOI closed in March 1998 – it had selected and dealt with 66 young offenders.

## SELECTION TO THE TWO REGIMES

Criteria for selection was largely the same for both regimes. Offenders were eligible if they:

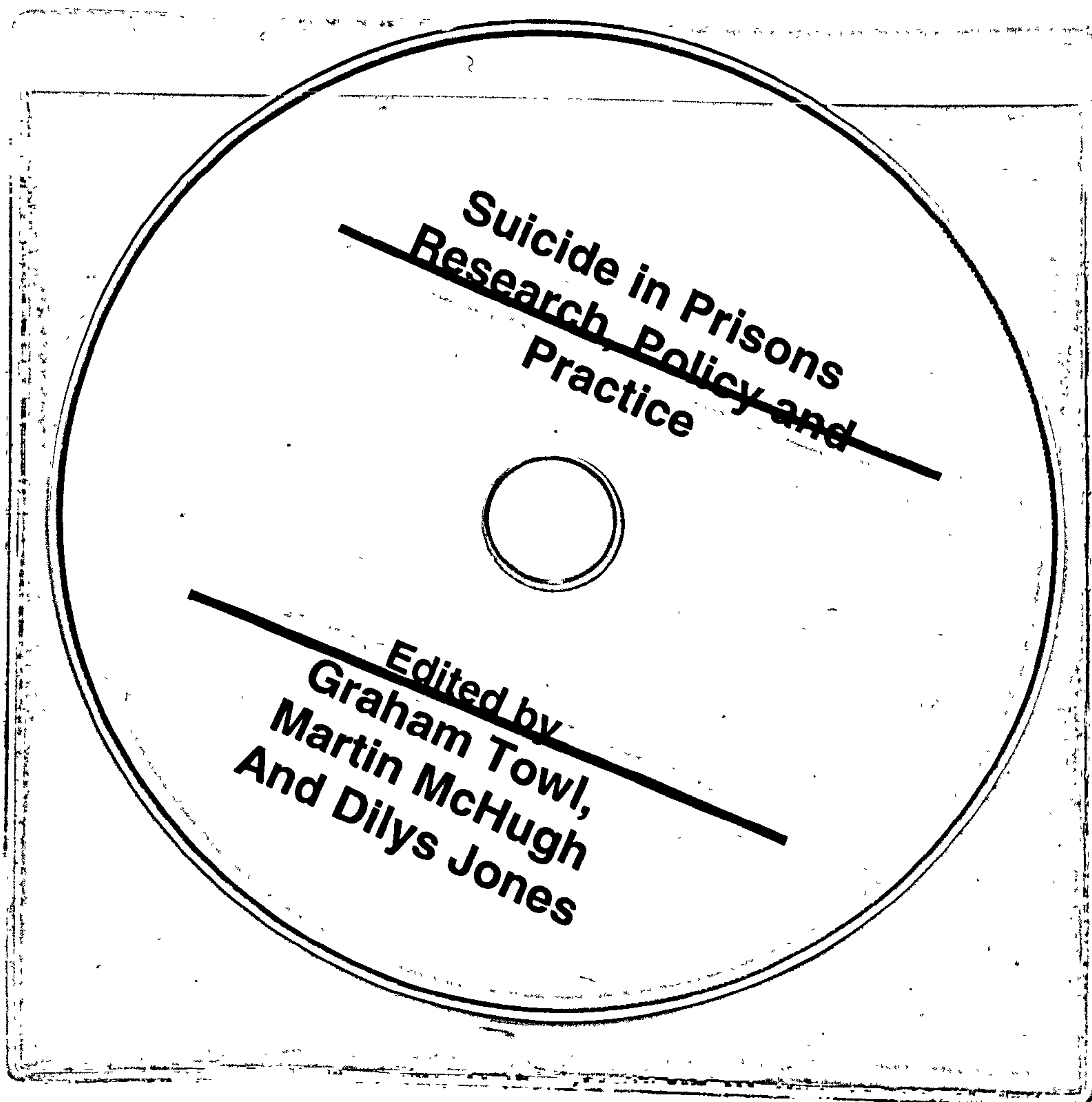
- were male
- were aged 18 to 21 years
- had about six months left to serve
- were suitable for open conditions (e.g. no previous escape or sex offences)
- were able mentally and physically to cope with the regime.





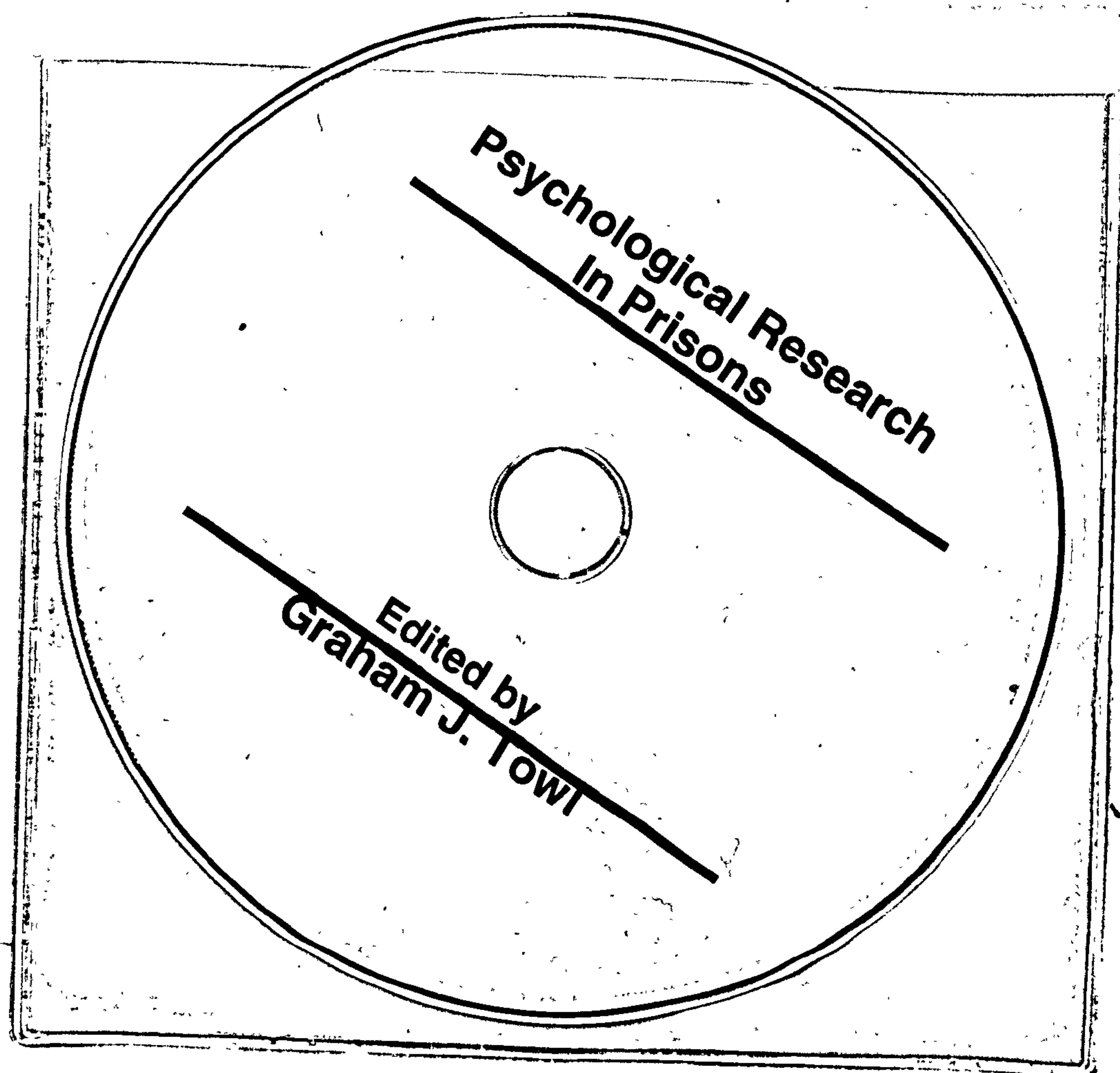
8.3 Towl, G. J., Jones, D. and McHugh, M. J. (Eds.) (1999) *Suicide in Prisons: Research, Policy and Practice*. London: Department of Health and Home Office. London.

Pdf file© material



2.1 Towl, G.J. (Ed) (In Press) *Psychological Research in Prisons*. Oxford: Blackwell.

Pdf file© material

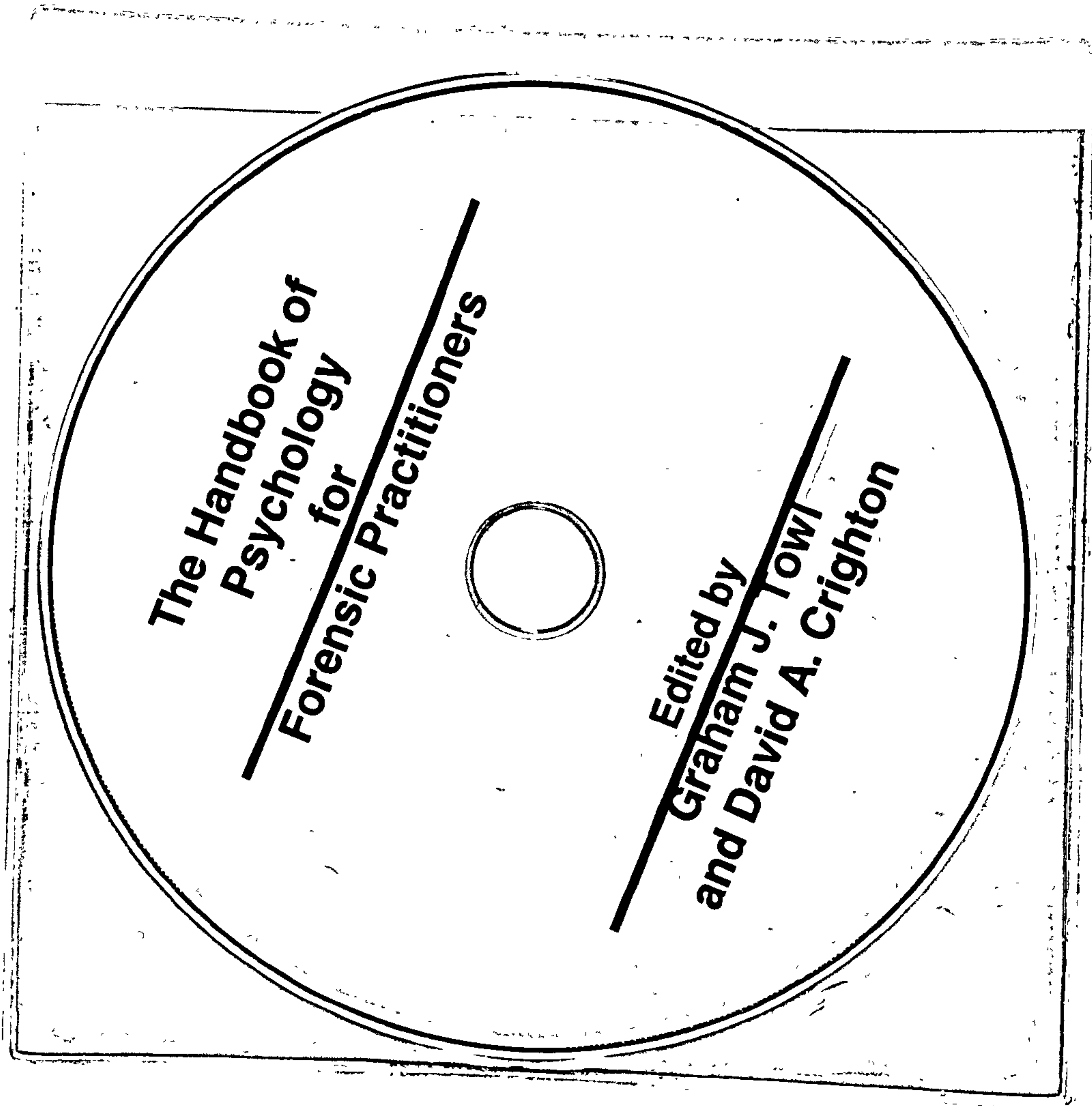




3.1 Towl, G. J. & Crighton, D. A. (1996) *The Handbook of Psychology for*

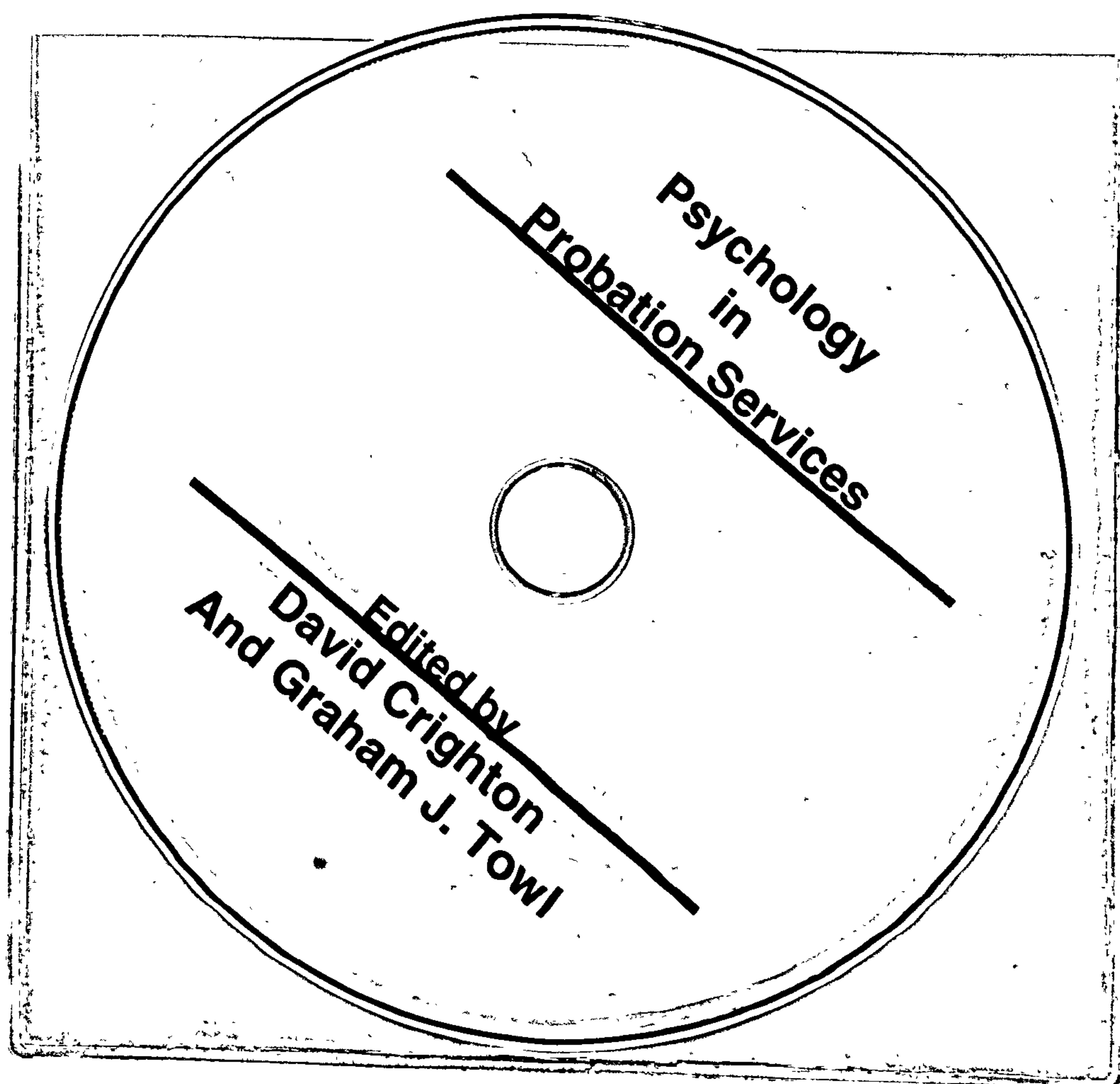
*Forensic Practitioners*. London: Routledge.

Pdf file© material



4.1 Crighton, D.A. and Towl, G.J. (Eds.) (2005) *Psychology in Probation Services*. Oxford: Blackwell.

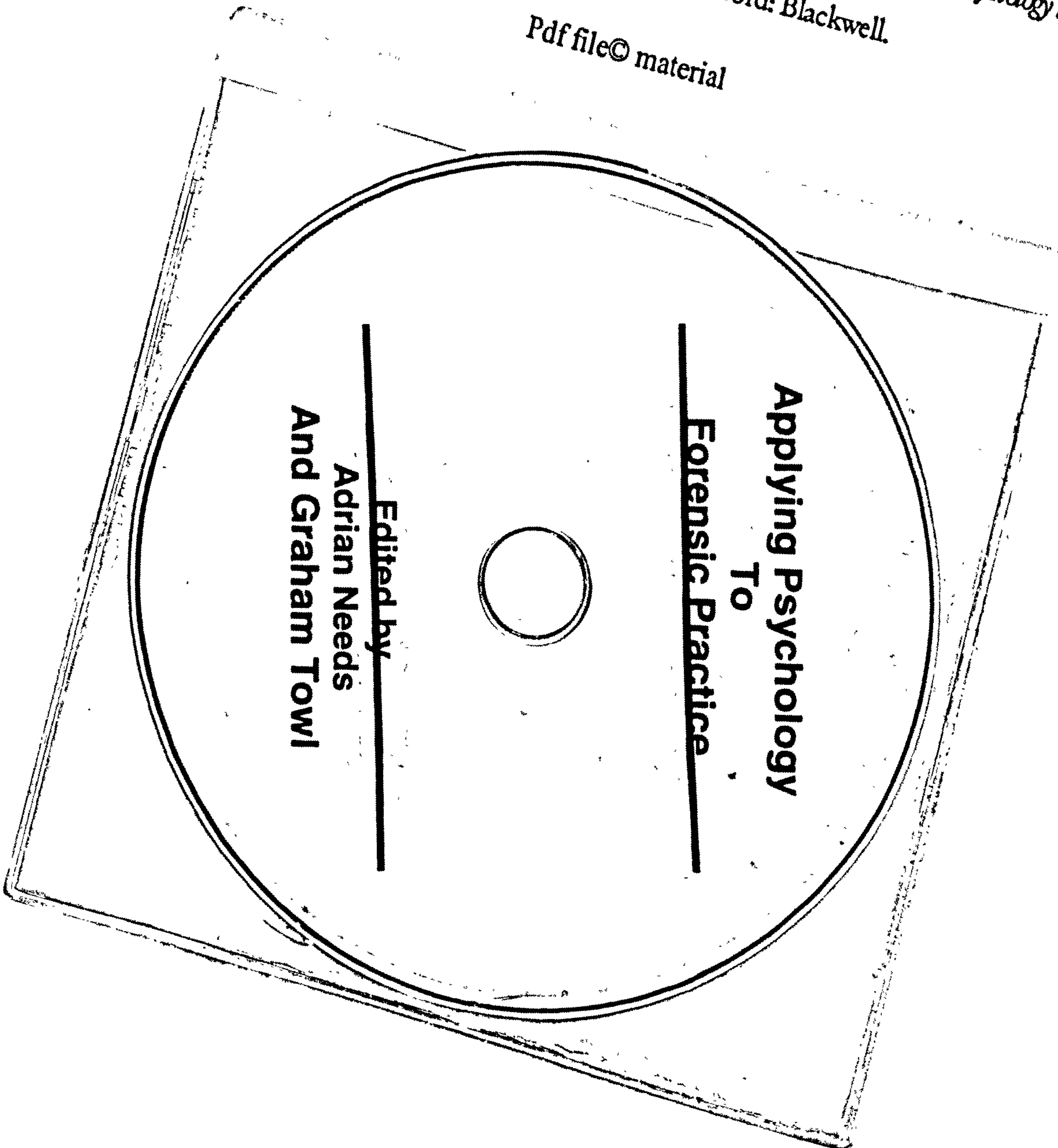
Pdf file© material





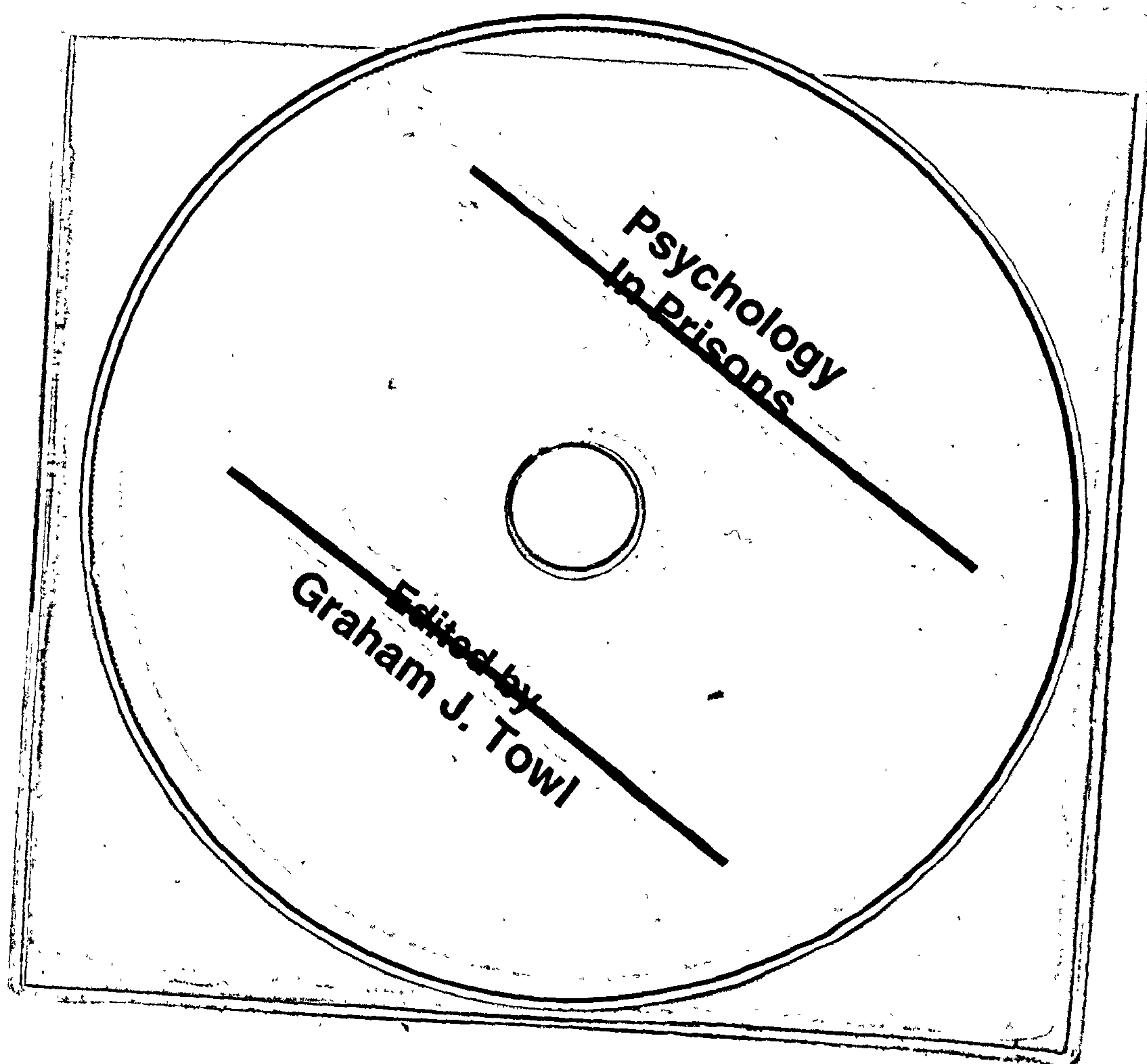
4.2 Needs, A.P.C. & Towl, G.J. (Eds.) (2004) *Applying Psychology to Forensic Practice*. Oxford: Blackwell.

Pdf file© material



4.3 Towl, G. J. (2003) (Ed) *Psychology in Prisons*. Oxford: Blackwell.

Pdf file© material

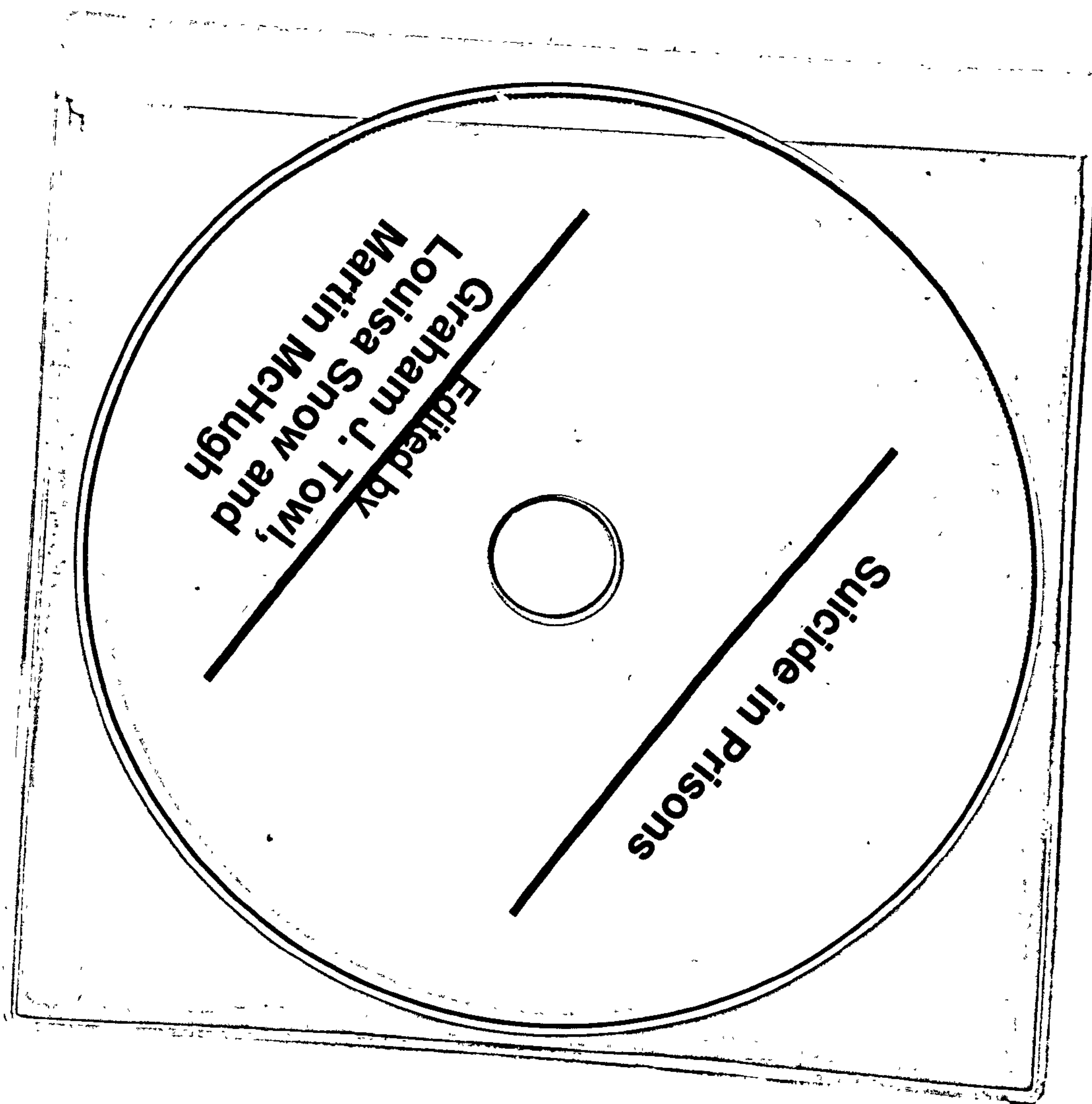




4.4 Towl, G. J., Snow, L. and McHugh, M. J. (2000) (Eds.) *Suicide in Prisons*.

Leicester: BPS Books.

Pdf file© material



5.3 Towl, G.J. (2004) Applied Psychological Services in Prisons and Probation. In J.R. Adler, (Ed) (2004) *Forensic Psychology: Concepts, debates and practice*. Cullompton: Willan Publishers.

Pdf file© material

